Clinical Lectures ON MEDICINE.

Delivered at the Middlesex Hospital.

BY CHARLES MURCHISON, M.D., F.R.S.,
PHYSICIAN TO THE HOSPITAL, AND LECTURER ON THE PRACTICE OF MEDICINE.

LECTURE I.

I.—RELAPSING FEVER.

GENTLEMEN,—The first case to which I desire to-day to draw your attention is that of a disease which, at the present moment, is attracting considerable attention: I mean Relapsing Fever. For many years this fever had been unknown in Britain, and for fifteen years not one example of it had come under observation in the London Fever Hospital. But on July 4th, 1868, a girl, whose illness was diagnosed as relapsing fever, was admitted into that institution. Subsequently to that date, stray cases were met with in the Fever and other hospitals in London; and since August of this year (1869) the disease has spread so rapidly that the resources of this vast metropolis are now (December) being taxed to their utmost to find accommodation for persons attacked with it. This is not the place to discuss the causes of the epidemic; but I may simply observe that, although the disease is undoubtedly contagious, and although there is some reason to believe that it was on this occasion imported from Germany, it is, as in all former epidemics, almost exclusively confined to the very poorest of the population, who have been previously suffering from extreme destitution.

It is with the symptoms of the disease that we are at present more especially concerned. The prominent symptoms, then, of relapsing fever are: pyrexia, setting in suddenly, with rigors or chilliness; great frequency of pulse and heat of skin, but no specific eruption; severe headache and general pains, but mind usually clear; pain, tenderness, and enlargement of the liver and spleen; rapid breathing; vomiting more or less urgent, and frequently slight jaundice and constipation: an abrupt cessation of these symptoms about the fifth or seventh day, with copious perspiration; but after a complete apyretic interval, during which the pulse may be unusually slow, and the patient may have a good appetite and be up and walking about, an abrupt relapse on or about the fourteenth day from the first commencement, or sometimes later, running a similar course to that of the first attack, but terminating on or about the third or fourth day of the relapse. The disease is very rarely fatal, except in persons whose constitutions are weakened by previous illness; but it is a much more painful malady than typhus, which so commonly ends in death. Such is the clinical history of relapsing fever in a typical case. There are many variations as regards the duration of the febrile paroxysms, &c., which I need not now enter upon; but I will proceed at once to lay before you the particulars of the case which has called forth these remarks.

Matthew V——, aged twenty-six, a coach-builder, who had been out of work for three months, was admitted on Nov. 30th, 1869. He had previously suffered from measles, scarlet fever, and small-pox; but, with these exceptions, he had enjoyed good health until about noon on Nov. 26th, when he was suddenly seized with rigors, followed by thirst, loss of appetite, epigastric tenderness, constipation, pains in the limbs, and sleeplessness. On the 28th he had vomited once. On admission, you will remember that he was found to be in a state of fever; the pulse was 120, and the temperature 103·6° Fahr. He complained of slight cough, which caused him pain at the epigastrium. This and his rapid breathing (36) attracted attention to the chest, but on careful examination nothing abnormal could be discovered in the lungs or heart, with the exception of slight dulness and feeble breathing at the apex of the right lung, evidently from old disease. No evidence of local inflammation elsewhere could be discovered, and therefore we inferred that the fever was due to some general cause, and probably to some blood-poison. On examination of the skin, the front of the chest and of the abdomen was found covered with a number of minute lake-coloured spots, not at all elevated, running into one another, and disappearing on pressure, which imparted a finely mottled appearance to the skin, very like what is observed in the very early stage of a typhus eruption. The only other points worthy of notice were that the conjunctivæ had a yellowish tint, and the urine contained bile-pigment. A mixture containing nitric acid and nitric ether was ordered to be taken every four hours, and an opiate draught at night. Towards evening the fever increased: the temperature was 104°, the tongue was dry, and the breathing very oppressed; but after this the patient slept well and perspired profusely, and next morning all sign of fever had disappeared; the pulse was 75, the temperature normal, and the mottling in the skin was gone. When the man was first admitted, the cutaneous eruption and the fact of the vomiting and general pains not being prominently developed, raised a doubt as to the fever being typhus; but the jaundice was opposed to that view, and all doubt was removed by the course of events within the next twenty-four hours, so much so that I ventured to predict that on or about Dec. 9th, or the fourteenth day, a relapse would occur; and when, at my visit on Dec. 7th, the man felt so well as to request permission to get up, I told him that he must keep his bed for two days longer, and I explained to you my reason for so doing.

On the morning of Dec. 9th the patient began to complain of chilliness and pains in his knees. At 10.30 A.M. his pulse was 84 and temperature 101·5°. At 1.30 P.M. the pulse was 108 and the temperature 103·8°, and in the evening the temperature had risen to 105°. For four days this fever continued, with great thirst and nausea, general pains, and sleeplessness. On the evening of Dec. 12th the pulse was 108 and the temperature 104°; but next morning the pulse had fallen to 75 and the temperature to 96·6°, this fall being again accompanied by profuse diaphoresis. The patient remained in the hospital till Dec. 27th, but had no relapse of the fever, and complained only of general debility and rheumatoid pains in his limbs, which were relieved by iodide of potassium and opium, with turpentine liniment, and subsequently by quinine and opium.

This case was a good example of a rather mild attack of relapsing fever, and the only point calling for additional remark is the cutaneous eruption. I have already told you that in relapsing fever there is no specific eruption, but it is right to add that differences of opinion have existed on this matter. Many writers have referred to the frequent presence of innumerable small petechiæ, like flea-bites, except that they are often a little larger; but these are either really the result of insect-bites, or they are small purpura spots from an altered condition of the blood, and are in no way specific. German writers, however, have described an eruption of another sort. Thus Zuelzer,* in his account of the epidemic at St. Petersburg in 1864–65, says that in some cases the chest, abdomen, and back were covered with numerous small red spots, disappearing on pressure, and lasting for three or four days; while Wyss and Bock,† in their account of the recent epidemic at Breslau, speak of this eruption as being similar to that of exanthematic typhus. This appears to have been the eruption noticed in our patient, and I may mention that I have met with it in three or four other cases of undoubted relapsing fever, where the same difficulty has arisen, in the first instance, in making a diagnosis from typhus. The symptom, however, is quite exceptional; for, though I have diligently looked for it, I have only found it in about five out of several hundred cases which have come under my care during the present epidemic. Still the knowledge that such an eruption may exist may prevent errors in diagnosis.

II.—FATAL HÆMORRHAGE FROM A MINUTE ULCER AT THE CARDIAC ORIFICE OF THE STOMACH.

The stomach which I show you here was taken from the body of a man who recently died, a few days after admission into the hospital, and whose case illustrated the difficulty there sometimes is in diagnosing the cause of copious hæmorrhage from the mouth.

* See his Appendix to German translation of Murchison on Continued Fevers, p. 660.

† Studien über Febris Recurrens nach Beobachtungen der Epidemie im Jahre, 1868, zu Breslau.

John R——, aged twenty-eight, was admitted on the 10th and died on the 15th of November, 1869. He had been a private soldier, and had contracted constitutional syphilis five years before, and ever since had been the subject of slight cough and occasional huskiness of the voice. He had also been very intemperate. In March, 1869, after severe straining in lifting heavy weights, he was seized with nausea and giddiness, and next day he brought up a large quantity of dark fluid blood, mixed with food, and for two days he continued to bring up a little blood. The hæmorrhage then ceased, and neither before its occurrence nor subsequently did he suffer from pain or uneasiness at the epigastrium or vomiting after food. He had occasional night-sweats, but did not lose flesh. He was discharged, however, from the army on account of his health, and on October 25th he began to suffer again from giddiness and nausea, and fits of retching always preceded by cough; but he continued to eat his food as usual, and had no actual vomiting till Nov. 10th, when he suddenly brought up a pint of blood, and was conveyed at once to the hospital. After admission he continued to bring up large quantities of blood, notwithstanding the remedies employed (gallic acid and opium, sulphuric acid, turpentine, ice both internally and externally, and enemata of beef-tea and brandy); and it was the loss of blood that rendered him blanched and prostrate, and, in fact, that ultimately killed him. You will remember that each attack of hæmorrhage was preceded by vertigo and nausea; that the blood was on several occasions, though not always, mixed with food, and never frothy; and that the patient also passed a quantity of black blood per anum; while, on examination of the chest, although a systolic murmur could be heard loudest over the left apex of the heart, and we thought we could discover very slight dulness below the right clavicle, the respiratory murmur was everywhere normal, and there was nowhere in the lungs any crepitation. On the other hand, the blood issued from the mouth in gushes, without any obvious retching; when first discharged it was almost invariably bright-red; it soon formed a firm coagulum; after several of the attacks the patient continued to cough up (from the throat?) mucus coloured with blood; the first attack of hæmorrhage had followed a severe strain, and at no time had the patient suffered from symptoms of gastric disease. The nausea and other symptoms between Oct. 25th and Nov. 10th were probably due to internal hæmorrhage having actually commenced.

To what source of hæmorrhage did these symptoms point? If you turn to the distinctions drawn by systematic writers between hæmoptysis and hæmatemesis, you will find that the symptoms in this case partook of the characters of both; and, in truth, when the hæmorrhage is copious, these conventional distinctions often break down. Blood from the lungs, nose, or pharynx may pass down to the stomach, and thence be vomited of a black colour with the food, or passed per anum; while blood from an artery in the stomach may be ejected in gushes, without retching, and of a bright-red colour. The only way to form a correct diagnosis in these cases of the source of the hæmorrhage, as well as of its cause, is to keep in mind all the causes of copious hæmorrhage from the mouth and their distinguishing characters; and even then, as in the present instance, there may be difficulty in arriving at a decided conclusion. It was quite clear that in this case the hæmorrhage was not vicarious, or the result of purpura or of any blood poison; there was no evidence of its proceeding from the nose or pharynx, while the patient's age and history excluded the idea of cancer, to say nothing of the fact that cancer of the stomach does not cause copious hæmorrhage, except in very rare cases when the disease is far advanced, and when, as in a case recently under observation in my ward, the cancerous deposit sloughs and lays open a large artery. Four causes of the hæmorrhage suggested themselves in this case—namely, phthisis, aneurism, simple ulcer of the stomach or duodenum, and cirrhosis of the liver.

1. Phthisis. Copious hæmorrhage may occur in the advanced stage of pulmonary phthisis, after the formation of a cavity, or it may be one of the earliest phenomena of the disease. In favour of this cause were, the fact of the first attack of hæmorrhage having followed a severe strain, the antecedent cough, the slight dulness at the apex of one lung, the bright-red colour of the blood, and the continued expectoration of blood after several of the attacks of copious hæmorrhage. But the absence of emaciation, and still more the absence of crepitation at any part of the lungs, and the occurrence of nausea and vertigo before each attack of hæmorrhage excluded this cause from our diagnosis.

2. With regard to aneurism, it was true that after careful examination we failed to discover any of its pathognomonic signs, yet it is well known that a small aneurism may cause fatal hæmorrhage where all these signs are absent; while the fact of aneurism being not uncommon in young soldiers, that of the first attack of hæmorrhage in our patient succeeding violent muscular exertion, and his history of constitutional syphilis, which favours deterioration of the tissues and so predisposes to atheroma of the arteries, contributed to lend some probability to the view that this was a possible source of the bleeding. This view moreover was not contraindicated by the long interval between the two attacks of hæmorrhage. It has repeatedly happened that after copious hæmorrhage from an aneurism the opening has closed, and there has been no recurrence of hæmorrhage for many months. Dr. W. T. Gairdner, for example, has recorded a case of aneurism of the superior mesenteric artery opening into the duodenum twenty-two months before death, and causing repeated and very copious hæmatemesis.*

3. Many of the symptoms, and particularly the amount of the hæmorrhage and the antecedent nausea, pointed to simple ulcer of the stomach or duodenum as its probable source; but this view was negatived by the circumstance that the patient had never complained of the slightest pain or vomiting after food. You will remember, however, that I explained to you that these ulcers, especially when in the duodenum, but sometimes also when in the stomach, may run a remarkably latent course, and cause few or no symptoms until the occurrence of copious hæmorrhage or fatal peritonitis. I show you here, for instance, the stomach of a woman who died only a few months ago, under my care, of hæmorrhage from a minute ulcer in the great cul de sac of the stomach, in whom there had been no symptom of gastric ulcer prior to the bleeding.

4. It is well known that patients suffering from cirrhosis of the liver, or from other causes of portal obstruction, occasionally die of copious hæmorrhage from the stomach and bowels, the mucous membrane of the stomach after death being found intensely congested and studded with hæmorrhagic erosions; and there were some circumstances that pointed to this being the cause of the hæmorrhage in our patient—such as his intemperate habits, the contracted area of hepatic dulness, and the enlargement of the spleen.

From these remarks you will see that it was difficult, if not impossible, to decide during life which of the last three causes of hæmorrhage existed in John R——. On post-mortem examination, the liver was found to be contracted and the seat of true cirrhosis; while at the same time its outer surface was marked by cicatrix-like depressions, the result of syphilitic peri-hepatitis. The spleen was very large, and weighed 22½ oz.; and the peritoneum contained about two pints of serous fluid. The mucous membrane of the stomach, however, was not congested, and was free from hæmorrhagic erosions; and the source of the bleeding was found to be a minute ulcer, which I now show you, not more than a line and a half in diameter, at its cardiac end, within half an inch of the lower end of the œsophagus. In the centre of this ulcer is a rounded opening into a large branch of the gastric artery. There was old disease of the mitral valve.

III.—TUBERCULAR MENINGITIS.

The brain now before me has just been removed from the body of Thomas K——, aged four, who died yesterday, on the twenty-first day of an attack of tubercular meningitis. You will observe that the lateral ventricles are greatly dilated and distended with turbid fluid, that the surrounding brain-substance is softened and disintegrated, that the convolutions of the hemispheres are flattened, that recent greenish lymph is plastered over the pons Varolii and optic commissure, and that there are numerous miliary tubercles in the fissure of Sylvius, over the upper surface of the cerebellum, along the veins of Galen, and in the choroid plexuses. Contrary to what usually happens, no tubercle could be found in any other organ of the body.

The symptoms presented by this boy are well worthy of your attention, as his illness, though very common and very

* Clinical Medicine, p. 495. 1862.

fatal, is one about which errors in diagnosis are often committed. His father, though alive, is suffering from phthisis, of which his grandfather and grandmother by the father's side have both died. The boy's illness commenced rather suddenly on Nov. 20th with severe headache, which prevented sleep and made him often cry out and put his hand to his head. At the same time he had unusual acuteness of hearing, grinding of the teeth, and picking of the nose during sleep, hot skin, loss of appetite, and obstinate constipation; but one symptom present in most of such cases was absent—namely, vomiting. The headache continued till Dec. 1st, when drowsiness was substituted. On Dec. 3rd he had a slight fit of convulsions—clenching of the fingers and rigidity of the arms; and on Dec. 4th he had a severe fit of general convulsions, after which he was brought to the hospital.

On admission he was scarcely conscious; both pupils were dilated and sluggish, the left larger than the right; the respirations were 30, and irregular; and the urine was passed in bed. The pulse was only 80, but I told you that at the commencement of the illness it had no doubt been quicker, and that before the child died it would rise to 140, or higher. The temperature was normal; and the *taches cérébrales*, on which Trousseau laid so much stress as diagnostic of meningitis, were prominently developed. These are bright-red lines of injected cutaneous capillaries, which slowly appear after drawing the finger-nail rapidly along the surface of the skin; but I have found that similar lines may often be produced in cases of enteric fever with grave cerebral symptoms, which is the very condition most difficult of diagnosis from tubercular meningitis.

After admission the boy continued in a state of deep stupor, interrupted by frequent attacks of convulsions. The pulse rose to 108 on Dec. 5th, to 145 on Dec. 8th, and to 155 on Dec. 9th, the day of death. The respirations also rose to 70, and became more irregular. The temperature, however, on Dec. 8th, was still only 98·8°; on the evening of that day it rose to 101·2°; and shortly before death, on Dec. 9th, it was as high as 104·4°. The comparatively low temperature in tubercular meningitis I have before had occasion to point out to you as important in the diagnosis of that disease from enteric fever. One other circumstance is well worthy of your attention. During the twenty-four hours before death a marked improvement seemed to take place in the cerebral symptoms; the patient showed much more signs of consciousness, and recognised his friends. This change is very common in the last stage of tubercular meningitis, and often leads to painful errors in prognosis; but so far from indicating any real improvement, it is the almost certain presage of death.

Although the case was from the first regarded as inevitably fatal, the patient was treated with counter-irritation to the nape, and iodide of potassium with carbonate of ammonia internally. The few cases of undoubted tubercular meningitis where recovery has taken place have been treated with iodide of potassium. One such case is mentioned by Dr. West, and two have occurred in the practice of Professor Niemeyer, of Tübingen.

CASES OF COMPOUND FRACTURE OF THE SKULL.

TREATED ON BOARD H.M.S. "NANKIN," AT PEMBROKE,

BY STAFF-SURGEON T. R. PICKTHORN, R.N.

Communicated by the DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.

THOMAS K——, aged fifteen, rivet-boy in Pembroke Dockyard, was received in H.M.S. *Nankin*, at 5 P.M. on the 28th November, 1868, with a compound depressed fracture of the occipital bone, caused, about an hour previously, by a fall of about sixteen feet, into the hold of H.M.S. *Iron Duke*. He is quite conscious, and complains of great pain in his head. There is an oblique wound across the occiput, about three inches in length, the lower end being just to the left of the median line, immediately above the occipital protuberance, and the upper end about three inches above the right mastoid process. There is slight oozing of blood from the wound, and a portion of brain-matter, rather larger than a pea, is lying at the lower end of it. The scalp is extensively detached around the wound, and permits easy examination by the finger. A linear fracture can be felt along the whole extent of wound, with slight depression of the inferior edge of the fractured bone. No loose portions of bone can be detected. He moans constantly, and has vomited frequently since the accident. Pulse 78; pupils natural. The report of the case from the dockyard says "that some cerebral matter escaped at the moment of injury, so that the membranes must be ruptured. He was stunned for a few minutes; but rapidly recovered perfect consciousness, complaining much of his head, and vomiting frequently. There was not much shock nor hæmorrhage." The cerebral matter was lying on the hair close to the wound, and was estimated by the assistant-surgeon of the yard to weigh about thirty grains. Ordered head to be shaved, a pad of wet lint to be applied to the wound of the scalp, and a wet cloth to the head.—10 P.M.: He has vomited at half-hourly intervals since his reception. He is free from all symptoms of compression; but moans constantly. When spoken to, he complains of intense pain in the whole cranium. Very slight oozing from the wound; temperature of the scalp not increased; pulse 84. He has taken a little tea.

Nov. 29th.—Slept for short periods during the night, but sleep was broken by retching and vomiting of small quantities of mucous and bilious matter. He has passed urine. Pulse 72, soft. He complains of headache and sickness, but has not vomited since taking warm milk this morning. Pupils natural. Tongue clean and moist. No heat of scalp. The wound is looking well; its edges are in apposition, and there is only very slight serous oozing. To continue as yesterday; low diet, with half a pint of beef-tea.

30th.—Passed a quiet night, and has not vomited since yesterday afternoon. Moaning continues, and he complains very much of general headache. There is increased heat of scalp to-day. No tumefaction about wound. Pulse 72; tongue clean. He passes urine freely, but there has been no action of bowels. Ordered immediately three grains of subchloride of mercury; and, after two hours, castor oil. Evening: He vomited the draught, and as his bowels did not act, a simple enema was ordered at 3 P.M., and repeated at 5 P.M., but without effect. Very little change in his condition.

Dec. 1st.—No action of bowels. He states that his head is easier, and he slept quietly. The wound is closing. Pulse 68, soft; tongue clean and moist. Ordered podophyllin, one-third of a grain; compound jalap powder, half a drachm.

2nd.—Bowels freely moved. He slept well. He now complains of aching of occiput, but does not moan as he did for the first two days after the accident. Pulse 66; tongue clean. The scalp wound is cicatrising, and the scalp in its neighbourhood is quite firm. Water dressing is applied to the wound, and cold lotion continued to the head.

3rd.—Slept well. Pulse 68.

4th.—Passed a good night. Pulse 72, soft and rather weak. Dull headache still exists, but is becoming less day by day. Slight sero-purulent discharge, tinged with blood, from the lower part of scalp wound. Bowels again confined. To take a compound senna draught; continue lotion.

5th.—Bowels freely moved. He states that he feels better, and is almost free from headache. The wound gapes more at its lower part; the discharge from it is trifling, and is of the same character as yesterday.

6th.—No headache. An adhesive strip applied across wound, as its lips have separated slightly. Discharge not increased.

7th.—No headache; no heat of head. Pulse 72, soft. Slight suppuration from lower part of wound. Cold lotion omitted.

10th.—He has made good progress since last report. Bowels act now without medicine. Appetite improving. No headache. Scalp wound is healed in its upper half; granulating at lower part; granulations pale, and touched with nitrate of silver. He is still on low diet, with half a pint of beef-tea, but is ordered to-day eight ounces of bread in addition.

15th.—He has taken an aperient twice since last report. Wound is healing, only a small point at lower part remaining open. He is free from complaint, but, on being questioned, states that he dreams very much.

21st.—Wound is completely healed, and the cicatrix is adherent to the skull. He is allowed to sit up during the day, and makes no complaint except of increasing appetite. Half diet.

31st.—He was placed on full diet on the 22nd, and has gained strength since last report. He takes exercise in the open air. There are a few small pustules on the scalp; the cicatrix is firm and bears pressure, and he makes no complaint of head symptoms. He takes an occasional aperient. There is no apparent loss of mental or physical power.

Jan. 9th, 1869.—He was discharged to the shore to-day. The cicatrix is sound, and there is no tenderness on pressure on or around the site of fracture. His general health is good. He has gained both flesh and strength very rapidly, is free from all complaint, and is now at his ordinary work in Pembroke Dockyard.

Isaac P——, aged twenty-two, shipwright in Pembroke Dockyard, was received on board H.M.S. *Nankin* from the dockyard at noon of the 8th February, 1868. He had fallen at 10.30 A.M., while at work in the yard, a height of twenty feet on his head, receiving a compound fracture of occiput, with depression, and other injuries, and he had been retained in the dockyard surgery until he began to rally from the shock.

There is an oblique wound more than three inches long across the occiput, extending from behind and above the right ear to beyond the middle line inferiorly, and there is a depressed fracture of the skull, almost to the same extent along this line of wound. At its centre the breadth of depressed bone is about half an inch, and the depth of depression is about the same; but the depression diminishes both in breadth and depth towards the extremities of the fracture. This depressed portion of bone is very firmly fixed, and there are no loose pieces of bone. The wound is not lacerated, nor the scalp much detached. There are no symptoms of compression, and there is but very little general shock. He complains more of his left shoulder, which is contused and abraded, than he does of his head. Pulse 72, soft; pupils natural. He had been given two draughts of aromatic ammonia before being brought on board. He is quite conscious, and spelt his own name on being asked to do so.

It appears from the "case" that accompanied him from the yard, that he fell against a tool chest, and that the back of his head struck the edge of the chest. He spoke almost immediately after he was picked up, and, when taken to the dockyard surgery, was able to answer questions sensibly. The pulse fell below 60, and the stimulating draughts above mentioned were then given.

Head to be shaved, and water dressing to be applied to the wound. Low diet.—Evening: He has slept at intervals, has passed urine freely, and is now tranquil, and breathing easily. Pulse 78, soft; considerable oozing of bloody serum from the wound of scalp.

Feb. 9th.—He passed an uneasy, restless night. He is quite sensible, and complains of general soreness and occasional headache. Pulse 78, irregular; pupils natural; considerable tumefaction around fracture; bowels have not acted. Ordered five grains of subchloride of mercury. Water dressing continued to wound.

10th.—Bowels were freely moved yesterday; he slept quietly for about six hours during the night. Pulse 78, soft; tongue moist, but slightly coated. He states that the headache is gone, but complains very much of pain in the whole of the left upper extremity, about which there is nothing further to be seen than a little abrasion and swelling about acromion. The wound of the scalp is looking well. Ordered a pint of beef-tea in addition to his diet. Water dressing continued.

11th.—Copious offensive evacuations brought away by a castor-oil draught given this morning; passed a restless night, but there is very little change in his condition.

12th.—Slept better, and is much more free from pain, but is again complaining of headache; pulse 72; wound is healing at its upper part.

13th.—Trifling suppuration from the centre of wound; occasional faintness and headache; pulse 70, not quite regular. To take a castor-oil draught.

14th.—He is better since the action of the castor oil; no headache. The wound of scalp is now about an inch and a half long, and is suppurating; no tenderness around it. Wound to be dressed with zinc lotion.

15th.—Complaining to-day of aching of eyeballs, and a sense of fulness in orbits; pupils natural; wound suppurating.

17th.—Continues to progress favourably, but still complains of slight aching of eyeballs; wound closing.

19th.—Less suppuration from wound, but a small sinus exists at the point of greatest depression of fracture, and sero-purulent matter escapes on pressure. A small tent inserted.

21st.—The probe can be passed freely where the sinus exists, but no denuded bone can be felt. He complains of more pain about the wound, but he slept well and has no headache; pulse 72; bowels acting. A small poultice to be applied to wound.

24th.—Two small openings only now remain in the line of wound; very little discharge from them, and the surrounding scalp is much firmer. Health improving. Water dressing. Half diet.

29th.—The aching of eyes has ceased for some time, but he had a little dull frontal headache yesterday, for which an aperient was ordered; he is quite free from it to-day. No discharge from the opening still remaining in wound, which is dressed simply.

March 9th.—He still suffers from occasional headache, and he complains of vertigo on turning quickly. The wound is almost closed.

16th.—The wound is quite healed. He feels well, but suffers from vertigo after any quick or sudden movement.

19th.—The lower point of cicatrix painful, and some slight serous discharge from a small opening near it.

26th.—Wound is quite closed. There is still the complaint of vertigo.

28th.—Discharged.

A small spicula of bone came away about two months after his discharge, and he became much more free from head symptoms. He is now at work daily in Pembroke Dockyard.

NOTES OF TWO CASES TREATED BY THE HYDRATE OF CHLORAL.

BY ALEXANDER MAXWELL ADAMS,
SURGEON TO THE 2ND ROYAL LANARK MILITIA.

THE first case being still under treatment, I have delayed sending the following notes; but as the result is likely to be a question of time, and, moreover, it being so far complete as to serve as a perfect illustration of the remarkable effects of hydrate of chloral, I now beg to forward them for insertion in THE LANCET. I had observed an early notice by Dr. Liebreich on this medicine. All other remedies had failed in the case under consideration; and, the danger being imminent, I telegraphed for a supply, which I fortunately received in time to be of service.

I attended Mrs. ——, a very slender and delicate-looking woman, on the 25th of November, with her first child. Her delivery was comparatively easy, and the after-progress of the case satisfactory, until the morning of the 29th, when she began to talk somewhat strangely, and then broke out into a state of the most acute and ungovernable mania. I took off the hair, applied ice to the head, succeeded in getting four leeches to fasten on the temples, and fomented the abdomen. I also gave thirty grains of the bromide of potash, and repeated this dose in two hours. The symptoms of slight congestion with which this case was ushered in rapidly yielded, but the mania continued with unabated fury. I now gave forty minims of Battley's sedative solution of opium; and as it produced no effect, I again administered within two hours the same dose, but with a like unsatisfactory result. I then put her under the influence of chloroform, thinking that it would aid the opium, and that sleep would follow. No such result, however, attended this plan of treatment, and I then, in about twenty-five hours after her seizure, and many hours after I had given the opium and chloroform, administered forty grains of the hydrate of chloral. Her pulse at this time was almost gone at the wrist, and her extremities were cold; but, strange to say, her struggles were even more ungovernable than during any period of the attack, and her cries were incessant.

In about five minutes after the administration of the chloral she became quite calm and sensible, asked what had been wrong, &c., complained of great drowsiness, and within ten minutes fell into a profound sleep, which lasted for about seven hours. Her pulse also gradually gained in volume, and diminished in frequency, until it fell to 90 beats. Her sleep was rather heavy for the first two hours, but afterwards it became quite natural, and even light.

During the progress of this case, in consequence of a periodic recurrence of the most severe form of mania which it has ever been my misfortune to witness, I have been obliged to give the chloral on about twelve separate occasions, in doses varying from forty to sixty grains, and always with the same result—namely, complete cessation, within a few minutes, of all cries and struggles, a return of calm consciousness, followed by a natural sleep, lasting from between six to eight hours. The pulse also, in a very marked degree, always improved when under its influence.

I had not required to give this remedy for upwards of a fortnight until last night, when the mania reappeared, but in a modified form. I gave forty grains, after which she slept calmly for seven hours. And to-day I find her very much better than she has ever been.

I had a consultation on this case a few days ago with Dr. Warburton Begbie, who agrees with me in considering that, so far as it has gone, my patient's life has been saved by the chloral.

I was called upon, on the 1st of December, to visit a man labouring under an unusually severe asthmatic paroxysm. He had been a patient some time ago in the Brompton Hospital; and, in consequence of the severity of his seizures, had occasionally to be put under the influence of chloroform. This, however, only gave him, he tells me, very temporary relief. His agony being excessive, I administered thirty grains of the hydrate of chloral. In a few minutes his breathing became quite easy; and within twenty minutes he fell into a calm sleep, which lasted for eight hours.

Lanark, Jan. 3rd, 1870.

CASE OF THROMBOSIS OF LEFT POPLITEAL ARTERY;

FOLLOWED BY DRY GANGRENE OF FOOT AND LEG; AMPUTATION OF THIGH; RECOVERY.

BY ROBERT BATHO, M.R.C.S. ENG., &c.,
ASSISTANT-SURGEON, CAPE MOUNTED RIFLEMEN.

PRIVATE E. J——, C.M.R, aged twenty-seven, was forwarded to Fort Beaufort, Cape of Good Hope, on Jan. 20th, 1868, from an outpost, and placed under my medical care. He was a pale, slim man, of general good character, and temperate habits. The medical history sheet showed several admissions to hospital for syphilis, but no record of serious or acute disease.

On admission he was very weak and feverish, and complained of pain in the abdomen. Ordered a diet of beef-tea and rice pudding; four ounces of port wine; turpentine stupes to the abdomen night and morning; citrate of iron and quinine, three grains, three times a day.

Jan. 25th.—Free from pain, but very weak; pulse 70, feeble; tongue clean; bowels regular. Repeat treatment.

26th.—Patient was very delirious last night, and got repeatedly out of bed; disturbed the other patients by talking; fell asleep about 5.20 A.M., and slept for an hour. Is quite conscious this morning, and answers questions coherently; tongue clean; bowels regular; is free from pain; pulmonary and cardiac sounds normal; pulse 70, weak, and occasionally intermittent; he is very tremulous. Ordered a draught of sesquicarbonate of ammonia and compound tincture of chinchona every four hours, and a sedative at bedtime.

27th.—Same report. Allowed meat diet, with a bottle of porter.

28th.—Stronger; free from delirium.

31st.—Was again delirious last night. This morning he complains of a feeling of intense coldness in left foot and leg. On examination, both legs are found very cold, and the entire circulation is low and feeble. Pulse 70, weak; heart's action very weak, sounds normal; respiratory sounds normal. Continue ammonia and bark; wrap legs and feet in flannel bandages, and apply foot-warmer constantly. Repeat morphine at bedtime.

Feb. 1st.—Right foot and leg warmer; left foot and left leg to the knee continue as cold as a stone, and have now a blue mottled appearance, in spite of the constant application of bandages and hot bottles. Common and superficial femoral arteries can be felt pulsating on the left side, but I am unable to detect any pulsation in the anterior or posterior tibial of that side. It would appear as if thrombosis of those vessels had occurred.

2nd.—Leg still in the same condition. Patient appears to have lost all power over his toes and ankle, and the leg is in a condition bordering on dry gangrene. To increase the dose of sesquicarbonate of ammonia to eight grains every three hours; gin, and four ounces of port wine daily, in addition to the porter.

4th.—Toes becoming black and horny.

5th.—General health good. Increase dose of ammonia to ten grains.

6th.—Toes and sole of foot quite black and dry; surface of leg to the middle of calf of a dusky "bruise" colour; temperature as far as ankle low. A few hard cords and knots can be felt in the calf, probably inflamed lymphatics; very tender to the touch.

8th.—Duskiness extending. Patient is much emaciated, but his general health is much improved.

12th.—Bullæ forming over lower portion of leg; no sign of line of demarcation; blue colour extends now quite to the knee-joint, which is very tender to the touch.

19th.—Little or no change. Takes thirty minims of tincture of opium every night, instead of the morphine.

24th.—Leg smells horribly offensive. Deodorants used.

28th.—Same report. Iodine in chip-boxes, creasote, chloride of lime and of zinc, powdered coffee, charcoal in dishes and bags, permanganate of potash, &c., used to overcome the effluvium. Pulse 80, very intermittent.

29th.—Line of demarcation has formed in upper third of calf.

March 3rd.—The gangrene has not overstepped the line of demarcation. Pulsation in left femorals very feebly if at all perceptible. Dead parts are separating.

6th.—Separation progressing; profuse grumous discharge is taking place from the back of the calf.

10th.—Separation advancing; discharge is very profuse; pulse feeble and intermittent.

12th.—Patient seen by Dr. Tarrant, surgeon C. M. R., in consultation. Dead parts have to a great extent separated, especially in the calf of the leg; but it is evident that, should the entire limb come away, the resulting stump would be useless, and that a secondary amputation would be required. His general health being good, and his pulse having improved, it was resolved that amputation through the lower third of the thigh should be performed.

13th.—The man having been placed under the influence of chloroform by Assistant-surgeon C. F. Churchill, M.B., I performed the modified circular operation recommended by Professor Syme—viz., by making anterior and posterior flaps of integument, and dividing the muscles circularly; cutting the anterior short and the posterior as long as possible. Scarcely any loss of blood occurred, and only two vessels required ligature—namely, the popliteal, which was partially occluded by thrombosis, and one of the perforating arteries. About six wire sutures were inserted, and the stump was lightly dressed with soft linen rags.

I have to record my grateful thanks to Dr. Tarrant for valuable advice and assistance before and during the operation. In the subsequent dressings, the first of which was applied on the 16th, a solution of permanganate of potash was used to moisten the strips of linen, and pans of charcoal were kept around the stump under the cradle. No complication of any kind occurred. The wound healed readily by granulation, without any reappearance of gangrene, and the patient was able to leave his bed twenty-eight days after the amputation. I may add that he has since returned to England, and has received a shilling a day as a pension for life.

The preceding case is interesting from its obscure causation, its occurrence in so young a subject, and, lastly, its favourable termination.

With regard to etiology, there was nothing in the man's

previous history to indicate that his constitution was undermined. He had, it is true, suffered from repeated attacks of syphilis, but, with this exception, he seems to have enjoyed good health during a service of eight years. No cardiac disease could be detected, the intermittent pulse appearing to depend upon functional derangement, and varying in severity at different hours of the day. It was obviously connected with the condition of the stomach, as regards fulness or the contrary, being more frequent whilst digestion was proceeding. The man's symptoms, on first admission to hospital, differed in no perceptible respect from those of common continued fever, and his disease was in consequence returned as such. Thrombosis was diagnosed on Feb. 1st, and the subsequent progress of the case verified this opinion.

On what did this condition of the vessels depend? Two possibilities suggest themselves in answer. First, that an embolic clot had been detached from one of the valves of the heart, had been projected into the circulation, and had become arrested in the popliteal artery. The occurrence of delirium on the 31st January might be explained in this way; but no evidence of embolism existed at that time. The second and more probable supposition is, that a local stasis of the blood had occurred in the vessels of the leg, dependent in part on a most feeble heart-action, and partly on an abnormal condition of the blood itself. Both lower extremities were for a time in a state analogous to that of frost-bite, but, from some cause which is not apparent, the balance of circulatory power was restored in the right limb, whilst coagulation of the blood occurred in the vessels. There was no symptom to indicate any disease of the arteries themselves. In its further progress the case presented some of the characteristics of frost-bite; as, for instance, the nodulated condition of the lymphatics of the calf. That such a train of symptoms should have occurred in a semi-tropical climate, and in a very hot season, is remarkable. It is obvious that exposure to cold could have had no part in their causation.

With regard to treatment, the large doses of ammonia were administered with the view of promoting the fluidity of the blood, and at the same time acting as a stimulus, which the condition of the pulse seemed to demand. The drug was well borne, and was apparently productive of benefit. No attempt was made to induce the patient to partake of more than his usual amount of nourishment, but, the man's appetite being excellent, his tongue clean, and his alvine functions normal, a liberal dietary was sanctioned.

Was the operation needed? and was the recovery in spite of it, or in consequence? Notwithstanding the caution contained in Holmes's Surgery,* I was from an early date of opinion that amputation was justifiable, for the following reasons:—1. That, without it, the patient would probably die of septicæmia before the gangrene had completely separated. The weather was intensely hot, and the effluvia from the limb, under the free use of deodorants and disinfectants, were most offensive. The patient was the sole occupant of a large well-ventilated ward, yet the orderly who attended him sickened and died in a few days from typhus fever, in spite of immediate removal to a distant ward and the most careful nursing; his ileum being found after death studded throughout with ulcerous patches. 2. The patient was most anxious to have the limb removed, and was sanguine of the result. 3. It seemed probable that the profuse grumous discharge from the calf might at any moment become hæmorrhagic, in which event it would have been hopeless to attempt to find and secure the bleeding vessel; the tourniquet would have been inadmissible, and amputation would have become the *dernier ressort* under the most unfavourable circumstances. 4. The occlusion of the vessel appeared rather in his favour than otherwise: the temperature of the thigh being normal, was an evidence that collateral circulation was already established. At the worst, this symptom alone did not negative an operation, the patient being in a more favourable condition for the knife than if a ligature had been applied to the external iliac for aneurism, and gangrene had supervened. A case of this kind, which occurred under my own observation whilst acting as house-surgeon to the Dorset County Hospital, recurred to my recollection. A sailor suffering from aneurism in Scarpa's triangle was operated on by Mr. G. Curme, surgeon to the hospital, who tied the external iliac artery. Gangrene of foot and leg supervened. Mr. Curme amputated the thigh through the aneurismal sac, and recovery followed. 5. The dead parts having separated at a higher level posteriorly than anteriorly, the bones would have remained without sufficient covering, and a secondary operation would then have been demanded.

On the other hand were ranged—1. The recorded experience of a large number of surgeons against such operation. 2. The feeble state of the patient's circulation, which might render the use of chloroform dangerous. 3. The occlusion of the vessels, and consequent scanty supply of blood to the stump. 4. The possibility of separation taking place without an operation.

In conclusion, I may remark that my patient's health is now completely restored; his pulse is quite regular and free from intermissions. He has, moreover, become quite fat. His hopeful disposition was, I am persuaded, a great element of success.

* "Should the gangrenous limb be amputated? Surgical experience and reasoning both prompt a general reply in the negative. In many cases the obstruction of the artery is higher than the site of the proposed operation; as, for instance, in the iliac arteries or the aorta. Amputation in such circumstances can only be done below the cause of the gangrene, and in parts which are ill-supplied with blood. Moreover, if the operation be performed on a level with or above the obstruction, as when the popliteal only is plugged, it is often unsuccessful; there still remain the constitutional exhaustion, the natural or premature old age, or the disease of the heart, under the influence of which the patient has to rally from the shock of an amputation," &c.—Vol. iii., pp. 338-9.

NOTES
ON
ANOINTING IN INFANTILE DISORDERS.

BY H. GUARD KNAGGS, M.D., F.L.S.

DURING the past eleven months I have been testing, with uniformly successful results, the value of a very simple method of treating such infantile complaints as atrophy, bronchitis, convulsions, diarrhœa, febrile disturbances generally, and indeed all disorders of childhood which are accompanied by an unnatural state of the skin.

The treatment simply consists in smearing with salad oil the whole surface of the body, from the crown of the head to the tips of the fingers and toes, the process being repeated every twelve, six, or even four hours, according to the urgency of the case. Of course the use of a long flannel gown or small blanket is obvious, and the fluid should be slightly warmed.

The application of oil possesses the following immense advantages over the ordinary warm bath:—

1. Skin-action is more completely and permanently restored.

2. The danger of reaction is avoided, for there is no sudden change of temperature; and, moreover, the sheet of oil protects the surface from atmospheric influences.

3. It acts as a fuel-food, not only preventing waste of tissue, but actually increasing the bulk of the little patient.

4. It does not depress, but, on the contrary, appears to exhilarate.

It will scarcely be credited by many that the formidable affections above mentioned will frequently yield to this treatment, or at any rate show signs of abatement in from twenty minutes to four-and-twenty hours; but such is the case; though sometimes forty-eight or even seventy-two hours will elapse before any decided signs of improvement occur. By way of illustration, here are a few examples out of many, and I shall be happy to satisfy any gentleman as to their genuineness:—

Atrophy.—My cousin, Mr. S. H. Knaggs, was called to see an infant, whom he found apparently *in articulo mortis*. The mother informed him that she had sent for him "for satisfaction only." The child was oiled, and in twenty minutes began to look about it and took its food. In the course of a fortnight it recovered its ordinary health and strength.

Several similar cases have come under my notice. One of them is rather amusing. A brother practitioner himself told me of, and gave me permission to publish, the following conversation which took place between him and a parish patient:—"Whose child is that?" "Why, mine, sir." "But surely not the child that I told you a week or two ago you would never rear?" "It is though, sir." "Then the

medicine seems to have set it to rights." "But it has had none of the medicine." "Then what have you been doing with the child?" "Why, sir, don't you recollect you told me that a friend of yours recommended that sick children should be rubbed all over with salad oil, and that I might try it if I liked, but that you had no faith in it? Well, sir, I did oil it, and the child has been improving ever since."

Bronchitis.—Last January a desperate case came under my care, which in spite of active treatment became rapidly worse. As a last resource I smeared it all over with salad oil, and, to my utter astonishment, there was a marked improvement in the breathing in less than twenty minutes. In a few hours the bronchitis entirely subsided.

Another case—double capillary bronchitis, neglected for several days—came under my relative's notice. He considered it too far gone for medicinal measures, and therefore ordered it to be oiled every four hours. The next day the symptoms had diminished in severity, and on the morning of the third day the child was sitting up in bed taking food, and to all appearance convalescent.

Convulsions.—In these cases the effect of oiling is sometimes truly surprising, the fit ceasing before the completion of the operation, and not subsequently returning. A patient informs me that whenever she observes the symptoms which used to precede convulsions in her boy, she at once oils him, when a calm sleep follows, from which the child wakes up refreshed.

Diarrhœa.—Some time since my cousin had an uncontrollable case of diarrhœa under his care in a child of seventeen months. I advised him to give oil a trial; but he said it was too far gone for anything to be done. I saw the little sufferer myself a day or two afterwards, and ordered it to be oiled every six hours. There was a marked improvement immediately after the first application. By the next day the prostration was gone. Previous to this attack the child was a "puny little thing;" but now (oiling three times a week having been persisted in up to the present time) it is "a splendid boy."

Enlarged liver in a rickety child, with bronchitis supervening.—This case had been under the care of a well-known hospital physician, who gave it up, saying that nothing more could be done for it. I ordered it to be oiled every six hours. After each application a calm sleep followed. In about seventy-two hours the bronchitis began to give way; and a few days afterwards the liver was observed to have diminished in size. The child has not since ailed.

Such is a sample of a few of the cases which have come under my notice. Did I not confine these notes to infantile disorders, a long string of other complaints, which are to be benefited or cured by oiling, might be added. It seems as though the good old Greek and Roman practice will have to come up again. Such is progress!

Kentish-town, Dec. 11th, 1869.

CASE OF PARTIAL PLACENTA PRÆVIA

VERSION; RECOVERY OF MOTHER AND CHILD.

BY DR. JASPER CARGILL.

ON the morning of the 7th August, 1868, I was summoned to attend Mrs. D——, aged forty-six, who resided nine miles from my residence. She was the mother of a large family, and had never had a bad labour. She wanted three weeks of her full time.

I was informed that, while in her bath on the morning of the 2nd August, Mrs. D—— was alarmed by a sudden gush of blood, without any uterine pain whatever. She felt faint, and went to bed. All that day she continued to lose blood at intervals. On the 3rd, she felt better, and there was very little bleeding. On the 4th, slight uterine pains came on, and gushes of blood during each contraction. This continued during the 5th and 6th. Very early on the morning of the 7th, she was seized with strong rigors, and the loss of blood was alarmingly great. A neighbouring druggist was consulted, who at once advised my being sent for.

I arrived at 10.30 A.M., and found Mrs. D—— in a very critical state. Her countenance was pinched and anxious; pulse at wrist hardly perceptible. She was in a profuse cold perspiration, and her breathing short and quick. The bed and bedding were saturated with blood. The pains, which had been constant and feeble, had entirely ceased. Having removed the napkins, I found the vagina filled with clotted blood. On introducing my hand, I felt the os uteri high up, and fully dilated. The membranes were entire, and the child's head presenting. The placenta was attached to the posterior edge of the cervix, and a portion of it detached and curled up, so that the lip of the os could be felt beneath it. I at once gave half a drachm of the liquid extract of ergot, hoping to induce pains, and perhaps bring the head within reach of the short forceps. Having waited ten minutes, I repeated the ergot, by which a few feeble pains were excited. At this period a gush of blood warned me of the danger of any longer delay. Having repeated the ergot, I at once turned. I found no difficulty in reaching the feet; one of which I seized, and turned during the flow of waters. I delivered the child as quickly as I could, and lost no time in removing the placenta. The uterus, on being relieved of its distension, readily contracted. The child (a boy) was still-born for a few minutes, and required the usual means to restore it. When I left the house in the afternoon, both mother and child were in a favourable condition. The mother recovered rapidly, and the baby is now a fine-grown child. The placenta was of the usual size, and the detached portion thick and congested.

Dr. Tyler Smith, in his "Manual of Obstetrics," writes, with reference to placental presentation, "In my opinion, turning is the great operation in placenta prævia when the child is living and viable."

On the 11th of September, 1863, I treated a case of placenta centralis by version, and saved mother and child. I am, therefore, fully persuaded that turning is *the* operation in these cases whenever the conditions of the case render it possible.

Linstead, Jamaica, 1869.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

CASES OF FRACTURE AND DISLOCATION.

(Under the care of Messrs. SOLLY, SIMON, and SYDNEY JONES.)

WE continue this week our account of interesting cases of fracture and dislocation which have occurred at this hospital during the past few months, and for notes of which we are indebted to Mr. F. Churchill, surgical registrar.

Treatment of fractured femur in infants.—The difficulty in obtaining sufficient surface for the proper application of the long splint in cases of fracture of the thigh in infants, and the want of sufficient purchase for the fulcrum action of the perineal band, owing to the excessive rotundity and polysarcia of limbs and trunk, render it necessary in some cases to resort to a method different from that usually adopted in the treatment of fracture of the femur in adults. Some cases have recently occurred at the above hospital of fractured femur in infants where the limb was encased in plaster of Paris; but this did not sufficiently control the upper fragment, and the lower fragment being firmly fixed, very great displacement, and consequent distortion, of the limb was the result. It was, therefore, decided to keep the leg at complete rest by laying it on a firm and smooth bed, and covering it with as many sand-bags as were necessary to prevent all movement of the leg, and very satisfactory results were thereby obtained.

CASE 7. *Ununited fracture of femur in an infant.*—M. J. O——, aged ten months, admitted (under the care of Mr. Simon) with fractured femur about the centre of the shaft.

The limb was at first put up with the long outside splint; but the constant movements of the infant caused considerable displacement. Plaster-of-Paris bandage was then applied; but this did not sufficiently control the upper fragment. The limb was then placed between sand-bags, and others were placed across the limb at the level of the fracture, effectually preventing all movement. The bone, which had for some weeks been in the condition of an ununited fracture, now became firmly united, and he was dismissed cured after being submitted to this treatment for about a month.

CASE 8. *Fractured astragalus.*—H. L——, aged fifteen, a bricklayer's boy, fell from the top of a ladder, a distance of twenty-five feet, and alighted on his heels. He was admitted (under the care of Mr. Solly) with fracture of astragalus of right foot. There was very little displacement of fragments, and the ankle-joint could be moved without giving him much pain. The limb was flexed upon an outside splint, and an ice-bag applied to the ankle. He was dismissed cured four weeks after, without anchylosis.

CASE 9. *Fractured os calcis.*—J. H——, aged sixty, fell from a height of about six feet, alighting on the back part of the left heel upon some asphalte at the bottom of a sawpit, and was admitted (under the care of Mr. Simon) with transverse fracture of os calcis. Crepitus felt distinctly on moving the bone. There was considerable swelling and œdema around the ankle. The limb was carefully bandaged upon a Liston's splint, and ice-bag applied. He was dismissed cured.

CASE 10. *Dislocation of right arm into axilla, of ten weeks' duration.*—J. W——, aged fifty-five, was walking quietly along the road, when he fell on his right arm. He was not sure whether he fell on his hand, elbow, or shoulder, as he was somewhat the worse for drink at the time. Dislocation was not detected until his admission into hospital (under the care of Mr. Sydney Jones) ten weeks after. Chloroform was administered, and Mr. Jones succeeded by careful extension and manipulation in returning the head of the humerus into the glenoid cavity. He was dismissed cured with a useful arm a week after.

CASE 11. *Dislocation of right hip into sciatic notch; fracture of left femur; contusion of pelvis, and wound of scalp.*—J. S——, aged forty-three, was working on a scaffold when he fell down a distance of thirty feet on to his back. Admitted (under the care of Mr. Solly) with dislocation of right hip into the sciatic notch, fracture of the left femur at the junction of the lower and middle thirds, considerable bruising and contusion of pelvis, and a wound at the back part of the scalp about three inches long. The dislocation was reduced by Mr. Croft flexing the limb firmly upon the abdomen, rotating the limb downwards and outwards, so that the adductors being brought into play tilted the head of the bone back into the acetabulum. The fractured femur was put up on a long outside splint. He is still in hospital, but quite convalescent, having free use of the right leg, union of the left femur in good position, and the scalp wound is now quite healed.

CASE 12. *Dislocated astragalus.*—J. R——, aged twenty-seven, was tripped up and fell forwards, twisting the right foot under her. Admitted (under the care of Mr. Simon) with fractured fibula and dislocation of astragalus backwards. There was also partial dislocation of the foot backwards, and the astragalus was felt as a distinct rounded prominence behind the external malleolus, upon which it could be moved independently. The dislocation was reduced after careful extension and manipulation. The limb was laid upon a Liston's splint, and she was dismissed cured three weeks after, without anchylosis of joint.

LONDON HOSPITAL.

MISCELLANEOUS CASES.

(Under the care of Mr. HUTCHINSON.)

Keloid.—Mr. Hutchinson has recently had under his care two cases of extreme interest from a clinical point of view, as they presented typical examples of the two forms of keloid disease associated, the one with the name of Alibert, and the other with that of Dr. Addison. The subject of Alibert's keloid was a girl about five years of age, who had been burnt severely over the right shoulder, the front of the neck, and the upper extremity, and also less severely over several other parts of the body. The cicatrices resulting from these injuries had been converted into the irregular patches and thickened buttons of indurated tissue so characteristic of this disease. Mr. Hutchinson, in some clinical remarks upon this case, stated that the keloid of Alibert was a fibroid growth of cicatricial tissue, and frequently affected the scars caused by burns and scalds, and those left after an attack of small-pox. It was entirely a local affection; whilst the keloid of Addison, on the other hand, which always grew from healthy integument, and never from a cicatrix, was a constitutional disease, and probably some form of neurosis. There was no analogy between the two diseases, except that each presented similar elevated, smooth, and pinkish patches of indurated tissue. The keloid of Alibert never contracts, and thus differs from cicatricial tissue, which, where formed after extensive burns or scalds, is characterised by this property, and gives rise to great deformity. This form of keloid generally sends out irregular outgrowths from the circumference of its patches, and in most instances is very troublesome to the patient on account of its extreme irritability. It is unadvisable to remove the diseased patch with the knife, as the keloid growth always returns in the scars formed after the operation. Mr. Hutchinson has found from his experience that there is invariably a tendency in this form of keloid to diminish in extent, and in many instances to disappear altogether. In some cases these favourable changes occur more rapidly than in others, but the subjects of the disease may always be assured that sooner or later it will come to an end. The second case in the surgical wards of this hospital is one of Addison's keloid, which has been described also under the names of morphœa alba and of scleroma. The patient, who is a lad about eight years of age, presents very markedly in the lower limbs the hide-bound condition caused by the contraction of hard, dry, parchment-like integument. Symmetrically arranged over both scapulæ are indurated nodules of the disease. This form of keloid differs from that of Alibert in its tendency to contraction, its evident dependence upon some constitutional affection, and its frequent distribution along the course of nerves.

Ulceration of the palate in young patients.—In November last, a stout, healthy-looking girl, eleven years of age, was under treatment in the surgical wards for ulceration at the back of the mouth, which resulted in destruction of the uvula and the adjacent soft parts. There was also an oval perforation in the soft palate. Mr. Hutchinson stated to his class that as ulceration and destruction of the soft palate in an adult generally indicates tertiary syphilis, so does the existence of a similar disease in a young subject at once suggest the idea of hereditary syphilitic taint. But it has been observed that destruction of the palate at an early age is very rarely if ever associated with the signs of inherited syphilis. In the present patient the teeth were not deformed, there was no keratitis, and periosteal thickenings could not be detected. If, as we have good reasons for believing, early ulceration be due to hereditary syphilis, then this lesion characterises a group of cases quite distinct from that in which the ordinary symptoms of inherited disease, such as pegged teeth and keratitis, are presented. The most effective treatment of sloughing of the soft palate in young patients is the local application of nitric acid or the acid nitrate of mercury.

Carbolic-acid dressings.—On Dec. 6th, a young man was admitted into the London Hospital with a severe compound fracture of the humerus immediately below the epiphysial line between the head of the bone and the shaft. There was a considerable projection of bone, and about two inches of the shaft had to be removed by the saw. The wound was then well washed with a solution of carbolic acid, and afterwards constantly dressed with this fluid. Mr. Hutchinson states that there can be no doubt that carbolic acid, when applied locally, will prevent and arrest suppuration. It will not, however, guard against inflammation of the soft parts around the seat of injury. In the present case suppuration had been prevented; but the injured arm had been attacked with diffuse cellular inflammation, extending to below the elbow. Although carbolic acid will not prevent unfavourable changes of this kind in the injured soft parts, there is good reason for believing that it controls the force of the inflammation, and hinders the suppuration which is so frequently the result of this local affection.

CEREBRO-SPINAL MENINGITIS.

(Under the care of Dr. MORELL MACKENZIE.)

There is to be seen in George ward a case of cerebro-spinal meningitis, occurring in a boy aged nine years and a half, respecting whom Mr. Stephen Mackenzie has obliged us with some particulars. Five weeks previous to present illness he had scarlet fever mildly, and a fortnight afterwards was allowed by his medical attendant to go out. On Jan. 1st, when apparently in good health, as he was returning from an errand, he trembled, things seemed to go round, and he fell down insensible. When he became conscious, he found that he had been picked up, and that he had been vomiting some clear fluid like water, which was running down the pavement. He was sick several times after that, and then walked home. On his arrival there, he had a rigor and was put to bed. From that date he complained constantly of pain in the head and back, especially the latter. The pain was so great that his mother thought he would go mad with it. He vomited about a pint of yellow fluid "like the yelk of an egg" on the 4th. On the 6th, in getting him out of bed, his mother noticed that his head and back were drawn back, and that he could not stand. The pain increased, and he became more drawn back, and was unable to swallow. He was brought to the hospital on January 8th. He was then in a state of opisthotonos; that is, when placed on his back, his trunk was supported by two points, the vertex of the head and the nates. Between these points there was a wide hollow. This was due to arching of the back, with rigidity of the erector spinæ, and retraction of the head caused by spasm of the muscles of the neck. The muscles of the neck both in front and behind were rigid. There was no trismus, no hardness of abdominal muscles; and the spasm of the muscles was continuous, and not paroxysmal. He had a crop of herpes labialis about his face, but no purpuric spots anywhere. Skin hot and dry. No œdema. Temperature 38° C. Pulse 100. He could move all his extremities without pain, nor did the moving them roughly set up reflex action or cause more than annoyance. No changes could be detected in the eyes with the ophthalmoscope. Since admission, he has lost the pain in the back and head. The spine is not now arched, but the head is still considerably retracted. His temperature rose to 39·7° C., but has fallen again to 39° C. His urine has throughout contained the faintest trace of albumen, with phosphates and epithelial casts.—Treatment: for the first day and a half, an ice spine-bag; since then, *nil*.

There was a seaman in the hospital in September, under the care of Dr. Ramskill, in whom, after death, pus was found beneath the arachnoid of the brain and spinal cord.

WESTMINSTER HOSPITAL.

PYÆMIA, WITH SINGULAR ERUPTIVE SYMPTOMS.

(Under the care of Dr. ANSTIE.)

THERE are two points of great interest about the following case. The occurrence of pyæmia without an assignable external cause is always an interesting thing; and in this instance, neither in life nor at the post-mortem examination could any such cause be detected. From the very plain evidences of severe blood-poisoning which the case presents, one is constrained to think of possible contamination of the system by foulness of the atmosphere in which the girl had been living; and in respect to this it is worthy of note that she was residing in some servants' offices, at a club, which have been unfavourably distinguished by the number of cases of disease more or less dependent upon miasmatic influences which have occurred for some years past among their inmates. Another point of interest is the peculiar eruption; it presented, at one stage, no small superficial resemblance to small-pox, but this rapidly disappeared, and the bullæ which were developed along with the pustules in many cases contained reddish serum, and were of considerable size. Dr. Anstie believes such a complication of pyæmic poisoning to be very rare. Finally, this case repeats the warning given by so many others of the insidious manner in which pyæmia developes itself, and the especial frequency with which its early symptoms may be mistaken for those of rheumatism.

Emma W——, aged twenty, admitted September 10th; scullery-maid at a club. She complained, on admission, of pain in her joints, and said she had had "rheumatism" for several days. Temperature 101°. Left eyelid a good deal ecchymosed. She was treated at first for rheumatism, being put on beef-tea, milk, &c., and ordered ten grains of acetate of potash and thirty grains of bicarbonate of potash every four hours, and ten grains of Dover's powder at night. She was a large, stout, healthy-looking girl. Good sleep was obtained that night, and in the morning no visible change could be observed.

Sept. 12th.—To-day she is not quite so well. Temperature 102°. On the right side of the face there are a couple of red spots.

13th.—All over the face and trunk are a number of bullæ and pustules, in various stages. The patient slept badly last night, and had one attack of rigors. Temperature 104°; sickly odour about her. Tongue foul, and coated white. Tenderness of joints; left knee much swollen. On the dorsum of the right hand there is an inflammatory blush. There is a similar one over the back of the left ankle. Motions passed involuntarily; they are extremely yellow, and very offensive. At this stage Dr. Anstie ordered eight ounces of sherry per diem, and two-grain doses of quinine every four hours; but no good effect was produced, and the patient passed into high delirium. This continued all night. There was much diarrhœa, and a very offensive smell about the patient.

On the following morning, the 14th, the pustules and bullæ were still more numerous, the tongue was dry and brown, and the lips and teeth coated with sordes. Death occurred at 5 P.M.

Post-mortem examination.—Heart normal; both lungs studded at the base with patches of lobular pneumonia, in various stages. These were about the size of a sixpence. Most of them were in the first or second stage, but one or two were soft, broken down, and whitish-grey. Stomach healthy; kidneys congested and enlarged, each weighing seven ounces. Spleen small and congested. The left knee-joint contained a large quantity of thin, yellow pus; and an incision made into the inflamed dorsum of the right hand also gave exit to a quantity of pus.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

MELANOTIC SARCOMA OF THE CILIARY BODY, PROTRUDING INTO THE INTERIOR CHAMBER; ENUCLEATION OF THE EYEBALL.

(Under the care of Mr. SOELBERG WELLS.)

MRS. R——, aged thirty-nine, applied at the above hospital on March 12th, 1869. The patient, who is of a very dark complexion, looked fairly well, and had always been in good health till 1865, when she was laid up with typhus fever. Twelve months after this, she noticed in the right eye a small dark spot, about the size of a pin's head, in front of the inner side of the iris. The sight, which had been previously perfectly good, now gradually began to fail. She had no pain in the eye till about six weeks before admission, when it was severe for two or three days, "like a violent headache," and then ceased.

On admission, the right eye presented the following condition:—The intraocular tension was somewhat increased (T. 1); the field of vision was complete; vision of letters of Jaeger 18. There was no general injection of the eyeball, but large veins were seen about the equatorial region. The cornea was clear; the anterior chamber was good, except at its inner third, where a dark-brown growth lay in contact with the cornea. The iris was darker than its fellow, and marked on the outer side by dark-brown linear patches; its inner third was pushed forward, and occupied, except a narrow bridge of pupillary margin, by a dark-brown roundish tumour, the greater part of which was behind the iris, and encroached on the pupil so as to occupy about its inner half. The anterior part of the tumour had bulged out and partly destroyed the structure of the iris. The growth was about

the size of a split pea. The lens was pushed a little back, was hazy, and marked by strong striæ. The details of the fundus were indistinct.

As there could be no doubt as to the nature of the disease and the advisability of the removal of the eyeball, the necessity for the operation was urged upon the patient; and on March 16th Mr. Wells extirpated the eye.

Mr. Bowater Vernon examined the eyeball, and found that the tumour sprang from the ciliary body only, the choroid being quite intact, as also the iris, which had only been pushed forward and stretched by the growth. The latter had also impinged and pressed upon (indented) the inner margin of the lens. On a section of the tumour, it is found to be made up of alternate layers of deep black and ashy grey fibrous material, very firm, and under the microscope it is seen to contain large, irregular masses of black pigment, without any definite arrangement. Also, a large quantity of well-formed, nucleated cells; in some instances, the cells are caudate and spindle-shaped. The large amount of pigment interferes greatly with a very detailed microscopic examination. The colour of the iris was lost, its tissue somewhat atrophied, and its anterior surface mottled with several irregular patches of black pigment, which was not contained in cells, but consisted merely of an aggregation of black granules without any definite arrangement.

Clinical remarks.—Mr. Wells observed, that in all cases of melanotic sarcoma of the eyeball it is of the greatest importance to remove the latter at the earliest possible period, as soon as the true character of the disease is recognised, and before it has time to extend to the neighbouring tissues, or to give rise to metastatic affections; for the intraocular growth is the primary disease, and the metastatic tumours are secondary; these occur chiefly in the liver, lungs, brain, and kidney. The morbid growth may extend to the orbit by perforating the cornea or sclerotic; and the disease may also extend into the optic nerve, and thence to the brain. According to Virchow,* the degree of malignancy of sarcomata varies with their structure, those which contain small cells (quite irrespective of the shape of the cell) being far more dangerous than those in which the cells are large. In extirpating the eyeball the optic nerve should be cut very far back, so that we may get, if possible, beyond the seat of the disease. If, on removal of the eye, the cut end of the optic nerve looks swollen and dark, or if the disease has extended into the orbit, the chloride-of-zinc paste should be applied.

Up to December, 1869, there has been no trace of the return of the disease in the orbit, nor any symptoms of metastatic tumours.

EVELINA HOSPITAL FOR SICK CHILDREN.

TREATMENT OF DIARRHŒA.

ONE of the most frequent diseases, if not the most frequent, among the children of the poorer classes is diarrhœa. Coming on at any age, and arising from many causes, it carries off in a large proportion those who have been previously enfeebled by disease. For information concerning the treatment of diarrhœa at this hospital, we are indebted to Dr. Kelly, assistant-physician. The frequency of these cases may be seen by the following table, which shows the number of medical cases which came to the hospital, and the relation to them of those suffering from diarrhœa.

	Total No. of Cases.	Diarrhœa Cases.	Ratio.
July	465	92	1 in 5
August... ...	539	111	1 in 4·85
September ...	568	70	1 in 8
October... ...	557	43	1 in 13

Very many cases of diarrhœa arise, as everyone knows, from improper feeding. In these a small dose of castor oil, to begin with, seems to afford much relief, and then the chief thing to do is to insist upon proper diet. The child should be fed at proper intervals, and not too often; solid food should not be given, but thin arrowroot or milk-and-water substituted. Care should be taken that the bottle and tube from which food is taken are perfectly clean, as much harm may ensue from the milk turning acid before the child takes it. It often happens that after weaning, a child is put too soon on a solid diet, or has something given which disagrees with it. Here, too, one dose of castor oil (half a drachm to a drachm) in a little mucilage does good by removing the foreign body; after that salines may be given, and the child put on a proper diet.

When diarrhœa occurs with teething, the child, in addition, is cross and peevish, and there is also generally more or less febrile excitement. Purgatives here appear of little or no use. It seems best, Dr. Kelly thinks, to give, for the first two or three days, a saline mixture, and then, if the purging continue, logwood and catechu, with carbonate of soda, or chalk, are of great use. It does not often happen that sickness or distension of the abdomen follows the use of an astringent; on the contrary, the child seems easier, and is less fretful. In many of these cases an alkali seems beneficial, and one part of lime-water may be mixed with three or four parts of milk, and given frequently during the day.

In many cases of pertussis, children suffer from diarrhœa after every fit of coughing, and very frequently they have prolapsus ani from the violence of the expiratory efforts. An occasional dose of rhubarb and grey powder may be given, and the child may be put on steel wine to improve the general health. This plan seems to have answered extremely well among the out-patients.

The above cases, however, do not often terminate fatally; but there are several children with thin, wizened, old-fashioned looks, who have for some time been suffering from starvation and neglect, or are the subjects of hereditary syphilis, and in these a fatal result is more frequent. It is not of much use their taking the breast, inasmuch as the mother's health is generally in such a bad condition, nor can the parents often observe those measures which are needful for the child's recovery.

The child may be fed with warm milk-and-water, or thin arrowroot, to which a few drops of brandy may be added, and a small quantity of beef-tea may be given twice a day. In these cases small doses of steel wine often seem to do good; and if the case is syphilitic, one-grain doses of grey powder every night are useful.

Opium is not given, but pain is relieved by hot fomentations and linseed-meal poultices; flatulence may be removed by adding aniseed or carraway-water to the mixture. But in all cases the most important part of the treatment consists in paying a proper attention to the child's diet.

* Krankhafte Geschwülste, ii., p. 369.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

JANUARY 3RD, 1870.

MR. PETER MARSHALL, PRESIDENT.

MR. CLEMENT GODSON read notes of the case of a patient of St. Bartholomew's Hospital, aged twenty-six, suffering from Retroflexion of the Uterus and Retention of Urine, who passed, per urethram, a membrane, supposed to be the entire mucous lining of the bladder; one peculiarity of the case being that the patient did not suffer constitutional disturbance in proportion to the seriousness of the case.

Mr. G. C. COLES exhibited an instrument he had devised for the treatment of either aneurism or elephantiasis of the lower limb by elastic pressure. It consists of an inclined splint (interrupted at the knee-joint), with a sliding foot-piece like Liston's, made of either tin, galvanised iron, or zinc, and having a sliding piece attached to the side of the thigh portion, and so arranged that a tourniquet may be applied without obstructing the venous circulation.

Dr. ROUTH read a paper "On some points connected with the Prevention and Treatment of Scarlet Fever." After expressing his surprise that this subject, so eminently one for this Society, had not been before considered, he first touched on its great fatality,—10,504 from 1850 to 1854 died from it in London, out of 74,895 deaths from all zymotic diseases. From the year 1853 to 1864 the deaths were in England, from scarlet fever, 214,521—i.e., 4·3 per cent. to all deaths from specified causes, and 23·5 per cent. to all deaths from zymotic diseases. This was, however, below the mark, as cases of scarlet fever were often re-

turned as cases of malignant sore-throat and diphtheria, whereas typhoid cases were exaggerated. From the year 1848 to 1862 the deaths from scarlatina and typhus to 1000 deaths from all zymotic diseases were respectively 171 and 181 per 1000. Dr. Routh then spoke of the poison of scarlet fever, which was second only in virulence to small-pox. Small-pox poison had been retained eighty years on the earth unchanged. Fomites infected with scarlet fever had conveyed the disease six months after use; houses at longer periods than this after occupation. Dr. Routh then proceeded to speak of preventive measures. He referred to the rules prepared by the medical officers of health. Excellent as these were, he pointed out that their compulsory observance, except in fearful epidemics, would be incompatible with the liberties of an Englishman. Referring next to the character of the poison, which he did not believe was a solid, he stated isolation of infected persons to be the most operative for safety. This he showed from a table of the Registrar-General's for the years 1851–61, compiled from 631 districts. Where the proximity of person to person was 402 metres, the deaths to 1000 living were 14; where it was only 23 metres, the deaths were 28 to 33. Applying by other statistics this specially to deaths from scarlet fever, the same fact was observed, except that in very unhealthy places, such as Wolverhampton and Bridport, and in fennish districts, such as Maldon in Essex and Romney Marsh, the mortality was beyond what proximity of persons could explain, and was clearly due to local causes. Dr. Routh then referred to the nature of the *materies morbi*. Whether a ferment or an oxyacid, it was completely destroyed by antiseptics and agents which checked fermentation, such as sulphurous acid, chlorine, and carbolic acid; and he enlarged on their easy and practical employment. He thought two chief sources of its propagation were journeymen tailors and tailoresses, who put garments upon the beds of their sick with the fever, which, so infected, were carried to other houses and second-hand clothes shops. Public workshops, and purification of old clothes shops frequently, were the remedies here indicated. Dr. Routh then illustrated the treatment by considering the *tendencies to death* which had to be counteracted. These were—1st. Shock, in virulent epidemics, and at their beginnings requiring stimulants, &c. 2nd. Tardiness of eruptive stage, and death by the specific poisoning, requiring hot-air baths and stimulants, but especially an emetic at the onset. 3rd. Death by violence of the fever. Here cold affusions to the skin, rarely bleeding, cold spongings, and inunctions were indicated. The *modus operandi* was fully explained, and the addition of carbolic acid in the two latter agencies especially recommended. 4th. Death from the putrid sore-throat, which killed in two ways,—by a poisonous atmosphere inspired, and by poison absorbed through the subjacent tissue. Carbolic acid and chlorine, or tannin, he believed were preferable in such cases to caustics, because the local sore might be as effectively destroyed, and a disinfecting atmosphere in addition breathed. 5th. Death by early uræmic poisoning. Dr. Routh gave instances of this complication even at the earliest outset of the disease. This required foxglove poultices, and foxglove and catharadine tincture internally. Dr. Routh then concluded with general remarks as to treatment of the fever. This should be either solvent—to dissolve excess of fibrine present, as by ammonia or acetic acid—or antiseptic. Acetic acid might be regarded also as antiseptic. But he was in the habit of giving citrate of ammonia in an effervescing state, with carbolic acid internally.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JAN. 14TH.

MR. PAGET, PRESIDENT, IN THE CHAIR.

THIS being the annual meeting of the Society, the report and the financial statement were read by Dr. SANDERSON, the hon. secretary, and Dr. Greenhow. From these it appears that the Society is in a very flourishing condition, having a balance in hand of more than £150. A vote of thanks to the President was proposed by Dr. Greenhow, and seconded by Dr. Bristowe; and Mr. Paget, in acknowledging the compliment, took occasion to remark that he had gleaned much useful knowledge from the discussions that had taken place at the Society's meetings during the past year. A vote of thanks was unanimously accorded to Dr. Sanderson, who, as the honorary secretary of a new society, has done much to assist its success. The executive officers of the current year are—Mr. Paget, President; Dr E. Headlam Greenhow, Treasurer; and Dr. Buzzard and Mr. G. W. Callender, Honorary Secretaries.

Mr. LANGTON read particulars of a case of Medullary Cancer of the Soft Palate. The patient eventually died from recurrence of the disease. The points of interest in the case lay in the rarity of the disease, in the co-existence of tubercle and cancer, as shown at the post-mortem examination, and in the difficulties which surrounded the operation from the size of the tumour, and from its situation. The case showed also how conveniently chloroform could be given for such operations about the soft palate.

Dr. POLLOCK commenced the discussion by inquiring if the symptoms of tubercular disease were very distinct. The discussion turned chiefly on the co-existence of tubercle and cancer in the same subject, Dr. Pollock remarking that, according to his own belief, the two diseases might be present at one and the same time; and Dr. HERMANN WEBER, that tubercle might occur in the caseous matter often found in cancerous deposits.

The PRESIDENT said it was very rare for both diseases to be in progress at the same time; and Mr. MOORE remarked that it was a great gain to establish antipathies between diseases. He had known an instance in which cancer of the breast had disappeared when tubercle of the lung was in a state of active progression, but in cases of this kind he was disposed to think that the disease was not true tubercle.

Mr. PAGET closed the discussion by saying that this was a large subject, and might be fitly and usefully discussed apart from the case that had formed its basis that evening. He remembered a patient who had epithelial cancer of the finger, an attack of gout, and psoriasis, all going on at the same time; and moreover that this patient took (and had taken for some time) a grain of calomel regularly every night: so that, in fact, he was pervaded by four poisons—cancer, mercury, gout, and psoriasis.

Mr. THOMAS SMITH communicated the particulars of three cases of Carbuncular Inflammation which occurred on the face. He remarked that this disease bore much the same relationship to common carbuncle as scarlatina maligna does to scarlatina simplex. He referred to the different names that the disease had received, and noticed Mr. Ludlow's cases, and stated that, though he had seen the cases related by Mr. Ludlow and others occurring since, he was unable to state any signs by which the malignant cases might be recognised in an early stage of the disease. The ordinary progress of facial carbuncle was described, and also that of malignant pustule; the characteristic signs of the latter were stated to be its origin from a local virus, the absence of severe pain or increased heat, the dryness of the slough, the absence of pus in all stages of the malady, and the fact that the death of the tissues proceeded from the skin towards the deeper parts. In discussing the cause of the fatality of facial carbuncle, attention was drawn to the susceptibility of this locality to erysipelas and œdema, to the peculiarities of the venous circulation, and to the sudden deaths that had occurred from the injection of nævi on the face with tincture of iron. As regards treatment, the author confessed that we possess no means of arresting the fatal effects of blood-poisoning when it has once taken place, and that treatment could only be directed to prevent the occurrence of pyæmia, either by the destruction of the disease in its earliest stage, by caustics or by the administration of internal medicines. The former plan he rejected as unjustifiable from its severity, in our ignorance of the characteristics of malignant carbuncle in an early stage. He spoke of quinine in large doses as having proved useful in the hands of Mr. Paget in one case, and he suggested that in all cases of facial carbuncles sulphite of magnesia should be given from the very first.

Mr. GANT made some observations on cancer in this region as distinguished from malignant pustule, remarking that the latter was the direct result of contagion, and should not be confounded with carbuncular inflammation.

Mr. HEATH advocated incisions in cases similar to those related by Mr. Smith, and cited successful instances of this mode of treatment.

Dr. GREENHOW said Mr. Smith's paper was important,

because carbuncular inflammations are often confounded with malignant pustule, that their etiology is different, and that the latter disease is much more common on the Continent than in England.

Mr. JOHN CROFT gathered that, in the paper read, a distinction was made between two varieties of the disease. He had never seen a fatal case of facial carbuncle, and regretted that in those related by Mr. Smith no post-mortem examination was made. There appeared to be no reason for making incisions, as no pus existed; and, according to his own experience, sulphite of soda was quite inert.

Mr. HULKE asked if carbolic acid had been used topically for carbuncle, and believed it to be a most useful application.

The PRESIDENT, in remarking upon the noteworthy features of these cases, said that, according to his own observations, the disease was comparatively modern; that the first case seen at St. Bartholomew's Hospital was admitted about twenty years ago, and was then called acute impetigo of the lower lip. To his surprise, the man died, and six months later another case was admitted, which also ended fatally. He had attended from fifteen to eighteen cases, and all but one had died. The last case described by Mr. Smith was neither malignant pustule nor carbuncle; and he was unable to say why some were rapidly fatal, and others recovered. Inflammation of the lymphatic glands was a marked and constant feature, and it should be an object to discover why this fatal form of disease affects exclusively the face and lips. Young persons are specially obnoxious to this disease, more than half of the cases cited above having occurred in subjects of from sixteen to twenty-two years of age. According to experiences gleaned, incisions produced no good effect, and all died from acute pyæmia.

Mr. NUNN remarked, that the pyæmic condition sometimes existed before the carbuncular state was fairly established.

Dr. C. T. WILLIAMS inquired if, in these cases, any sugar was found in the urine.

Mr. SMITH closed the discussion by saying that the disease was not rare, as Mr. Croft suggested; that incisions do not succeed; that post-mortem examinations are gloomily monotonous, and throw no new light on the subject; that the urine in the cases recorded was not albuminous, but was not examined for sugar; and that, according to his experience, it is impossible in the early stages of the disease, to pronounce even an approximatively accurate prognosis.

Reviews and Notices of Books.

The Life and Letters of Faraday. By Dr. BENCE JONES, Secretary of the Royal Institution. In Two Volumes. London: Longmans and Co.

[SECOND NOTICE.]

THE year 1821 found Faraday wedded to a wife after his own heart; but scarcely was his marriage over when he was rudely aroused by the charge of claiming a discovery which was not his own. Dr. Wollaston was, it seems, the first philosopher to entertain the idea of the possibility of electro-magnetic rotation. He saw that there was a power "not directed to or from the wire in the voltaic circuit, but acting circumferentially round its axis;" and upon that he founded his expectation of causing the wire to revolve on itself. In April, 1821, he made the experiment in the Royal Institution with Sir H. Davy. Faraday was not present, but came in just in time to hear their conversation as to making a wire in the voltaic circuit revolve on its own axis. In July, August, and September of the same year, Faraday wrote for the "Annals of Philosophy," at the request of Mr. R. Phillips, the editor, a Historical Sketch of Electro-magnetism. Nearly all the experiments described therein he repeated; and, in following up his researches, discovered, in the beginning of September, the rotation of a wire in the voltaic circuit round a magnet, and of a magnet round a wire. "There was not," he says, "the slightest indication that the wire and the magnet could revolve on their own axis. I did not realise Dr. Wollaston's expectation of the rotation of the electro-magnetic wire round its axis; that fact was discovered by M. Ampère at a later date." Before he published his paper on these "new electro-magnetical motions," he tried to see Dr. Wollaston, to ask permission to use the Doctor's views and experiments. Dr. Wollaston was out of town, and, "by an error of judgment, the paper was published without any allusion to his opinions and intentions." Faraday immediately thereafter heard rumours "affecting his honour and honesty."

As might have been expected, the slanderers were silenced, and by the intervention of Dr. Wollaston himself. Directly, however, Faraday was proposed a Fellow of the Royal Society, the slanderers renewed their activity. Painful to record, one of his opponents was Sir Humphry Davy, whose jealousy seems in that and subsequent acts to have been thoroughly aroused. To that great man's discredit, it will be remembered that all his years of familiarity with his *protégé* failed to impress him with Faraday's true nobility of character, which was quite as clear and outstanding as his scientific genius. But the whole unhappy affair merely sufficed to draw attention to Faraday and his abilities at an earlier date than would otherwise have been the case. As if in confirmation of the remark that the judgment of foreigners is that of a contemporaneous posterity, the estimate now entertained of Faraday was anticipated by the honours that poured in upon him from Germany, France, and Italy. The outside world in England even, always sceptical as to the absolute truth of charges brought against a man by members of a semi-private clique, followed up these honours by others of its own. In 1827 he was offered the Professorship of Chemistry in the new University of London, which then consisted only of University College; but this he declined on the characteristic ground that his duty to the Royal Institution, which had first patronised him, and was now trying to establish itself firmly, had a prior claim. A couple of years later, however, he accepted the post of Lecturer on Chemistry to the Royal Academy at Woolwich. In 1830 he was in frequent communication with the *savans* of the French Academy, while his domestic life, cheered and charmed as it was by artistic and literary recreation, was as happy a one as it is possible to conceive. Had his life terminated with the year 1830, it would have been well called (as Dr. Bence Jones remarks) "a noble success." But the tale of his scientific triumphs would not have been half told.

The next ten years, from 1831 to 1841, were signalised by his researches in electricity, and particularly by his discovery of magneto-electricity. These it will be unnecessary to particularise here, as they have not only become the common property of the whole scientific world, but their progress and final consummation have been admirably described in the work so recently reviewed in these columns, Professor Tyndall's monograph "On Faraday as a Discoverer." All this time his work at the Royal Institution was various and intense, ranging from lectures on the humblest instruments of domestic economy—such as a candle, a lamp, a chimney, a kettle—to the highest generalisations of chemical physics. He was thus winning the admiration and extorting the praise of at once the popular and the scientific audiences that assembled within its walls; and the applause that hailed his successive discoveries at home was loudly echoed from across the Atlantic. Among the friends whom he made at this period, the most distinguished was undoubtedly Baron Humboldt, whose letter to him, dated "Berlin, 28 Mai, 1834," is in the highest degree creditable both to the sender and to the recipient. It is, indeed, difficult to keep pace with the series of honours that poured in upon him, any more than to enumerate the mere

titles of his papers and experiments. Dr. Bence Jones's task during this period is that of a chronicler rather than of a biographer; but he finds time to give us an occasional glimpse into Faraday's non-scientific life. In 1840 he was elected an elder in the Sandemanian Church; and for three years and a half he preached on alternate Sundays, and with an effect that made the ξυνεδὸν ἀκροατὴς regret that his sermons were not addressed to more numerous and appreciative audiences. But this decade is chiefly memorable for his investigation into the "Electricity of the Voltaic Pile," and his refutation of the contact theory. His arguments against the upholders of that theory, indeed, were in advance of the time, and beyond the reach of their appreciation; and it was not till later that they came to admit his position, that "in no case, not even in those of the gymnotus and torpedo, is there a pure creation or a production of power without a corresponding exhaustion of something to supply it."

The work of this period, however, was excessive even for Faraday's intellect. In hunting phrase, "the pace was beginning to tell"; and loss of memory and occasional attacks of giddiness were warning him to draw rein. He made a tour through Switzerland, and the journal which he kept of its incidents is one of the most delightful episodes in Dr. Bence Jones's work. Probably there never was written a more charming medley of popular science, natural description, and spiritual devoutness than its pages present. On his return, in temporarily improved health, we find him engaged in correspondence with many distinguished Continental *savans*, and—interesting to relate—with the present Emperor Napoleon, then a prisoner in the fortress of Ham. Louis Napoleon found leisure, amid his broodings on high politics and future empire, to investigate the principles of voltaic electricity, and placed himself in communication with Arago and Faraday. The most memorable feature of this period, however, consists in the speculations in which the philosopher engaged as to the constitution of matter,—speculations which attracted the intelligent interest of physicians and surgeons like the late Dr. Mayo and Mr. Joseph Henry Green. Up to this time Faraday was chiefly known to the purely scientific world for his three great discoveries of magneto-electricity, voltaic induction, and definite electro-chemical decomposition; but the next ten years were fruitful in the hardly less memorable discoveries of the magnetisation of light, the magnetic condition of all matter, and atmospheric magnetism. The description of these as they occurred to his mind, and swiftly but surely settled into form, is the subject of a very lucid and most interesting chapter in the present work, interrupted only by such pleasant episodes as the journal of his visit to Paris, and the correspondence between himself and his now world-wide circle of scientific friends. His popular lectures at the Royal Institution were gradually creating and intensifying a taste for science among an ever-extending public, while his services in the dissipation of vulgar errors, such as the supposed spiritual agency concerned in "table-turning" were also of signal account in the same direction. With the year 1855 the series of experimental researches in electricity was brought to a close. Beginning in 1831 with his noblest discoveries, the induction of electric currents, and the evolution of electricity from magnetism—"the greatest experimental result ever obtained by an investigator.....the Mont Blanc of Faraday's own achievements" (as Professor Tyndall says),—it continued with terrestrial magneto-electric induction, then with the identities of electricity from different sources, then with conducting power generally. Next followed electro-chemical decomposition; then the electricity of the voltaic pile; then the induction of a current on itself; next static induction; then the nature of the electric force, and its character in the gymnotus; then the source of power in the voltaic pile; then the electricity evolved by friction of steam; then the magnetisation of light, and the illumination of magnetic lines of force; then new magnetic actions, and the magnetic condition of all matter; then the crystalline polarity of bismuth, and its relation to the magnetic form of force; then the possible relation of gravity to electricity; then the magnetic and diamagnetic condition of bodies, including oxygen and nitrogen; then atmospheric magnetism; then the lines of magnetic force, and the employment of induced magneto-electric currents as their test and measure; and, finally, the constancy of differential magne-crystalline force in different media, the action of heat on magne-crystals, and the effect of heat upon the absolute magnetic force of bodies. This long array of achievements, as enumerated by Dr. Bence Jones, is fitly described by him as "full of genius in the conception—full of finished and most accurate work in the execution—in quantity so vast that it seems impossible one man could have done so much." Wonderful as is this monument of genius and industry, it becomes more so when it is remembered that the circumstances under which it was reared were "those of penury." Faraday himself, by his lectures, kept the Royal Institution alive. "We were living," he once said to the managers, "on the parings of our own skin." Even the farthings expended on research and apparatus had to be noted! And all this time the fixed income afforded him by the Institution was £100 a year, to which the Fullerian Professorship added about £100 more.

With 1856 begins the period of Faraday's decline; a period rich in recognition of his genius and triumphs from the highest to the humblest ranks of life—from British to continental and transatlantic *savans*,—but saddened, alas! by the too obvious encroachments of mental decay. Over these Dr. Bence Jones passes tenderly and feelingly, and Faraday glides as gradually and calmly out of the narrative as he did out of life. From Hampton Court, where his last few years were spent, his remains were conducted to Highgate Cemetery, followed by a retinue of mourners whose friendship he had cherished most throughout his career. *Non omnis morietur!* His works will stand out for ever, in the progress of science, as at once a monument of the past and a guide to the future; while his domestic life, full to overflowing of manly simplicity, of genial fervour, and of that higher and rarer quality which his biographer can describe only by ἀγαπή, will continue to delight generation after generation of readers, as it is embodied in these fondly-conceived and elegantly-finished volumes.

OUR LIBRARY TABLE.

Des Fraudes dans l'Accomplissement des Fonctions Génératrices. Par L. F. E. BERGERET. Paris: Baillière. 1870.—There are some subjects which English authors seem afraid to handle; for instance, we are not aware of the existence of a single work on the subject of sterility which has any pretensions to completeness as regards the two sexes. And we do not know of so much as the bare mention of the subject now under notice in any English medical work; yet assuredly both these questions are sufficiently important in their medical and social bearings to merit the attention of the profession. And if it be true, as is alleged, that practitioners dare not write on these matters for fear of incurring professional odium, we can only express our regret, and hope, in the interests of society, that some one may soon be found who has the courage to state frankly his experience in this subject. The facts detailed by M. Bergeret are, in-

deed, sufficiently startling, and though we cannot go along with him in many of his conclusions, and are inclined to think that he attaches too great importance to the alleged *fraudes*, we can testify from our own observation that very great evils do result from the practices in question. It is an undoubted fact that marriages in France are now less fruitful than formerly, in the proportion of, speaking roughly, 3 or 4 to 4 or 5, according to district. M. Bergeret affirms that this result is intentional, that it is general in all classes of society, equally in town and in country, and that as a consequence certain practices are resorted to which are alike destructive of the moral and physical well-being of the people. These statements he undertakes to prove, and to a certain extent does prove, by an appeal to cases, 127 of which form the basis of this memoir. The work, which is divided into three parts, first treats of the dangers which result to both sexes by the malpractices complained of; the second considers those which specially befall the female; while the third treats of their general effect upon society at large. The author shows that the evil effects upon women are more serious than in the opposite sex, because of the more complex nature of the generative functions in them; but we cannot help feeling either that he greatly exaggerates the importance of the alleged evils, or else that the character of his practice is very remarkable, and the habits of the people demoralised to an extent which we in England can hardly credit. We do, however, know that "frauds" of some kind are resorted to, chiefly, we believe, with the object of avoiding conception, and that many and serious evils result therefrom we also know. Moreover, the moral effect upon individuals and on society is of the gravest kind.

The Essentials of Bandaging; including the Management of Fractures and Dislocations, with Directions for using other Surgical Apparatus. By BERKELEY HILL, M.B. Lond., F.R.C.S., Asst.-Surg. Univ. Coll. Hosp., Surgeon to Out-patients at the Lock Hospital, &c. Second Edition. London: James Walton. 1869.—This is the second edition of Mr. Berkeley Hill's little volume. It has been revised and enlarged, and is illustrated by 122 engravings on wood. All the latest information and improvements have been included; and an appendix contains lists of the preparations requisite for the sick room and for the operating room before the ordinary operations of surgery are performed; also lists of the instruments and appliances necessary or useful in performing forty-nine different operations.

History of the Rise and Influence of the Spirit of Rationalism in Europe. By WILLIAM EDWARD HARTPOLE LECKY, M.A. Fourth Edition. In 2 vols. London: Longmans, Green, and Co. 1870.—There is no occasion to discuss the merits of this book. Let it suffice that the author achieved a high literary reputation by its publication. Mr. Lecky is, to a great extent, a follower of the Buckle school of thinkers; his mental characteristics and his political views are cast in the same mould. He is evidently a man of great erudition, and he expresses what he has to say in a good nervous style of writing, which not unfrequently rises to eloquence. Mr. Lecky is, we believe, a very young man, and in the extent of his reading, in mental grasp, and a masculine lucid style, he is probably inferior to the late Mr. Buckle; but he is more impartial in his narration of events, more sympathetic in his criticisms, and less dogmatical in his judgments. Buckle may be said to have wrecked his history by the ambitious character of his aims, and he certainly fell into some grievous errors by generalising on physiological and statistical data, about which he was imperfectly informed. When the History of Rationalism first appeared we read it with very great and thoughtful interest, and we are not surprised that a fourth edition, in a more convenient form, has been issued in order to meet the requirements of the reading world.

The Monthly Microscopical Journal. Edited by HENRY LAWSON, M.D. No. XIII., January 1st, 1870. The first number of the third volume of this periodical contains several articles of interest to the microscopist. Messrs. McIntire and Pigott furnish papers on the nature of the markings on the Podura scale, respecting which there appears to be a difference of opinion; the former maintaining that the scales of these creatures are corrugated structures, and that the markings are due to such corrugations of one or both membranes of the scales; whilst the latter describes the appearances presented under a microscope as a coarse beading, which, when examined with a hydro-objective, offers a series of upper and lower beads, with the ordinary black markings of the scale by their side. Mr. Maddox gives an interesting paper upon, with a description of, a very simple apparatus for the cultivation of microscopical fungi. There is also a paper on the Microscopic Structure of Plants, by Dr. McNab.

A Manual of Diet. By DUNCAN TURNER, L.R.C.P. Pp. 72. London: John Churchill and Sons. 1869.—This little work is intended chiefly for the use of the laity, and contains a popular description of digestion and nutrition; the causes and consequences of dyspepsia; what to eat, drink, and avoid; with some hints on nursing, and a variety of dietetic formulæ. The subject-matter is weak on a point on which, to serve any good purpose, it should be eminently strong; for the hints on nursing are meagre, and in some respects faulty. We cannot accept as an axiom that, "in nursing the sick, one grain of love is worth ten grains of skill and dexterity." Well-trained nurses are still a rare commodity, though the number is increasing daily; and there can be little doubt that the presence, aid, and acquired skill of an independent helping hand are essentially necessary to a favourable result in the treatment of all acute diseases, however kind and unwearied may be the attention of fond and anxious relatives. The book, nevertheless, has some useful hints on the subject of general diet, though we fail to see that it contains anything not likely to be remembered by any well-informed general practitioner.

British Journal of Dental Science. Vol. XIII. No. 163; January, 1870.—This journal is now the only organ of the dental profession in this country, and appears to maintain its position as a recognised medium of communication between the members of the dental body. Appearing as it now does with strict punctuality, the journal affords its readers a great amount of useful information on topics of daily interest, and at the same time uses every effort to raise the status of the dental practitioner. We are happy to recognise in it a contemporary of merit, and wish it every success among those for whom it is specially intended.

Foreign Gleanings.

CEPHALOTRIBES.

DR. RIVOIRE, of Lyons, has had constructed for him an instrument which he calls Terebrotractor. This name sufficiently points to its use, as it allows the accoucheur to break up the head, and remove it. From some cases published in the *Lyon Médical* of Dec. 19th, 1869, it would appear that it answers well. Lollini has of late proposed an instrument, the Sphenotribe, which is so contrived that the principal hold is taken at the sphenoid bone. From a review in the journal above mentioned we extract the dates of the craniocasts invented after Paré's hooks, forceps, &c., had been given up:—Fried., 1743; Contonly, 1788; Aitken, 1789; Monteggia, 1800; Assalini, 1810; Cliet, 1826; Delpech, 1829; Baudelocque (nephew), 1829; Simpson, Lollini, &c., quite recently; besides the sawing forceps of Hamon.

SERRE-FINES WITHIN THE INTESTINE.

M. Péan, a very enterprising Paris surgeon, has patiently, for two or three years, experimented upon animals to show that, in a solution of continuity affecting intestine, serre-fines may be placed *within* the bowel, so as to keep the serous portion of the lips of the opening in contact. He uses an ingenious instrument, consisting of a stem and double spring, to fix the serre-fines. Animals which were killed six months after the operation presented no trace of the cicatrix. After three months, one blackened serre-fine was found still adhering (we suppose the rest had been ejected per anum). In animals killed a fortnight after the operation, the serre-fines were found undisturbed; they had not damaged the coats of the bowels, and did not seem to have interfered with the course of the intestinal contents.

RABIES.

M. Peuch showed, at a meeting of the Society of Medical Sciences of Lyons, the tongue of a dog which had died of the above disease. The owner of the animal thought that a bone had been arrested in the throat, as the dog was constantly carrying his feet to that region; but the veterinary surgeon at once suspected rabies. Let this circumstance be a hint to dog-owners. On each side of the tongue an ulcer with sharply-rounded edges was perceived, the size being from one to two lines. M. Peuch stated that he had never found such ulcers but in cases of rabies, and thought the latter disease had perhaps its own characteristic ulcer, like syphilis or glanders. In answer to a question, the author said that he had inoculated the matter of each ulcer to a bitch two months old, and that, on killing the animal four months afterwards, no rabid lesion was found, nor had any symptom been observed during life.—*Lyon Médical*, Dec. 19th, 1869.

SUCCESSFUL DELIGATION OF THE CAROTID.

The *Allg. Med. Central Zeit.*, of December 1st, 1869, contains the case of a young man who, in a quarrel, was stabbed in the neck. Dr. Marquardt, of Thorn, found behind the angle of the right lower jaw a solution of continuity an inch long, running in a horizontal direction, and leading into a kind of sac downwards and inwards. The patient had swooned from loss of blood. An attempt was made to tie the external carotid in the wound, but without success; and it was at once resolved to tie the common carotid. This was done easily, and the patient made a good recovery. He was hale and strong a month after the operation, the ligature having come away in twenty days.

OVARIOTOMY IN A GIRL AGED TWELVE.

M. Jouon, professor at the medical school of Nantes, successfully performed this operation a short time ago. The patient had been suffering from an abdominal tumour for the last eighteen months, and the growth had reached the size of a twin pregnancy at the end of gestation. The diagnosis was not easy, and at one time hydatid of the liver was suspected. On the strength of the last supposition it was determined to open the abdomen by caustics. When the slough had been incised, it was found, after the evacuation of some liquid, that the abdomen contained a capacious pouch, studded with fibrous tumours projecting in its cavity. As now the diagnosis was clear, and the girl lost ground every day, ovariotomy was performed. The cyst was multilocular, and the adhesions numerous; but, in spite of these difficulties, and the patient's tender age, she was well on the forty-sixth day after the operation.

INJECTIONS INTO THE UTERUS.

Dr. St. Germain has had an instrument constructed by M. Mathieu of Paris, for the purpose of injections into the uterus. It is composed of a cylindrical tube, divided internally into three non-communicating channels: one extremity of the cylinder is open, and ends in the curve of the usual uterine sound; to the other extremity are attached three india-rubber balls; the central a little farther back than the two others,—each communicating separately with one of the channels running within the tube. By driving out the air from the central ball, and dipping the open extremity of the cylinder into distilled water, the ball becomes filled with that fluid; and the other balls may be filled, in the same manner, with a solution of nitrate of silver and common salt respectively. Now, supposing the extremity of the tube to be fairly placed within the uterine cavity, distilled water is projected into it by pressure upon the central ball; and the water after washing the uterine walls, flows back into the vagina. The solution of lunar caustic is then forced in by pressure on one of the lateral balls; and after a little while, the brine is likewise injected, to neutralise any excess of the nitrate of silver solution. The whole of the liquid and the chloride of silver precipitate find their way into the vagina between the tube and the internal aspect of the cervix, the former being sufficiently small to play freely within the latter. M. Mathieu maintains that the instrument has been used with advantage, and that it may be made applicable to cysts and the urinary bladder. The uterus may, however, so easily be injected with a simple syringe and india-rubber tube, that the above-described complicated apparatus seems hardly necessary.

THERAPEUTICAL SAND-BATHS.

A sand-bath is generally looked upon as a chemical contrivance; but it should be remembered that in two German places, Köstritz and Dresden, there are establishments where the patient is buried for hours in hot sand, with the best effects as regards rheumatism. In the *Deutsche Klinik*, Dr. Schwabe (himself suffering from contracted joints in consequence of rheumatism) describes the institutions, and recommends the heated sand-baths, he having been highly benefited by them.

PYÆMIA.

The most recent theory has been promulgated by M. Alph Guérin, at the Academy of Medicine of Paris. Hitherto pyæmia had been considered as the result of an absorption of decomposing secretions, or of phlebitis. M. Guérin disputes this mode of development, and proposes a theory founded upon analogy and clinical observation. He thinks pyæmia is a kind of typhus, a surgical typhus, excited by miasmatic emanations. Ague, says the author, is engendered by marsh miasmata, purulent infection by animal miasmata. M. Guérin, it will be seen, is inclined to shake the fetters of mechanical theories, which hitherto have reigned supreme as regards pyæmia.

ON FORCED FLEXION OF THE LIMBS IN TRAUMATIC HÆMORRHAGE.

Dr. Adelmann, of Dorpat, quoted by *L'Imparziale*, of Florence, strongly advocates this practice, which he considers has, unfortunately, fallen into oblivion. He quotes numerous authorities in support, such as Nélaton, Ansiaux, Fromey, Malgaigne, Klotz, Hyrtl, Vidal de Cassis, and cites a case of his own where forced flexion of the hand on the forearm and the latter on the arm arrested hæmorrhage from a wound of the ulner artery. Dr. Adelmann thinks that such flexion should be had recourse to before other hæmostatic means are employed; that this practice should be made known among the people at large, so that it might be used before the arrival of the surgeon; and that soldiers in the field should be made acquainted with it.

SUBCUTANEOUS INJECTIONS OF ARSENIOUS ACID IN SKIN DISEASES.

Dr. Lipp publishes in the *Arch. für Dermat. und Syph.*, No. 3, 1869, two cases of psoriasis and three of chronic eczema, which were cured by hypodermic injections of arsenious acid. In the former the result of the injections was satisfactory, after the internal use of Fowler's solution had failed. The cases of eczema are not so conclusive, as other means besides the injections were used. In the first case of psoriasis eight grains of arsenious acid were injected in forty-eight days, and in the second four grains in thirty-eight days. The author gives minute details respecting the phenomena observed during the injections, and states that he does not mean to infer from so few cases the superiority of the injections over the internal use of arsenic; but he merely observes that in favour of the former he might mention—the certainty of absorption, the non-interference with the organs of digestion, the small doses used, and the short treatment. As quinine and other remedies are now frequently injected, a time will probably soon come when the stomach will rarely be troubled with medicinal substances.

THE LANCET.

LONDON: SATURDAY, JANUARY 22, 1870.

IT appears extremely probable that the adoption of dispensaries will be forced upon the metropolitan boards of guardians by the threat of the Poor-law Board to refuse the repayment of the medical officers' salaries from the Common Poor Fund. It may be doubted, indeed, whether any force will be required. Since 1867 a considerable change has taken place in the opinions of the guardians, and many who at that time viewed anything like an organised system of public medical relief with great suspicion and distrust, have now become convinced that the ratepayers have a direct interest in the speedy recovery of every sick pauper susceptible of cure, and that the present system fails to secure adequate domiciliary medical relief. But, in advocating the adoption of the system of dispensaries, we would again venture to remind the Poor-law Board of its duty as laid down by the Metropolitan Poor Act, and to warn them of the evils which will arise if each board of guardians is to be permitted to act independently of all the rest. It must not be forgotten that every form now in use was in the first place issued by the Poor-law Board; and if in a change of practice so important as the one now before us new forms and regulations are required, it is to the Poor-law Board, and not to the guardians, that we ought to look for their introduction. To that Board, for example, is remitted the power (Metropolitan Poor Act, Clauses 45, 46) to revise the duties and contracts of the officers, and to vary the extent of the districts from time to time, as need may be. By the Metropolitan Poor Bill the fullest power of initiation and control was given to the Poor-law Board; and when Mr. HARDY introduced the measure to Parliament, he promised the issue of such regulations as would secure something like uniformity of action throughout the metropolis, and the prevention of those abuses which might be expected to arise. To leave these matters to the discretion of local boards would be to continue the present unequal and inefficient system. Although all the salaries will be paid from one common fund, of which the Poor-law Board is comptroller, we shall have the liberal guardians giving liberal salaries, and the niggardly ones the contrary. Those of the City, for example, would continue to pay their officers almost as well as if the paupers were private patients; whilst those in the poorer southern parishes would persist in keeping down the salaries at starvation point. The medical officers of the southern and eastern districts would still be grossly overworked; whilst those of Paddington, Clapham, &c., would scarcely have anything to do.

The guardians of the Holborn Union, with becoming modesty, have felt their inability to determine what to do without having the views of the Poor-law Board before them. They have expressed their desire to fall into a general system common to the whole metropolis, rather than attempt to adopt one exclusively their own. They have resolved, over and over again, that dispensaries ought to be introduced, and they ask instructions as to how it may best be done. We add our request, on behalf of the profession generally, since we believe that upon the judicious introduction of this most important measure largely depend the interests and future welfare, not only of the present Poor-law medical officers, but of the general practitioners of the middle class.

One point is, however, under immediate discussion at Bethnal Green, to which it seems extremely desirable that attention should be drawn—namely, the mode in which dispensaries should be officered. Are the medical officers to be selected from the general practitioners resident and practising in the district? or are they to be restricted from private practice, and engaged to devote their whole time to the service of the poor? In the first case, there is, at all events, the prestige of practical success. The practice has succeeded in Ireland, and is the one generally in use in England; it is consonant with the wishes of those who are now employed, as represented by the Poor-law Medical Officers' Association; and it has been advocated by ourselves in what we believe to be the true interests of the medical profession generally. This is an arrangement, therefore, which should not be disturbed without good reason. The arguments in favour of exclusive service are, that the poor will obtain the services of young, intelligent, and energetic men, who will be willing to devote four or five years to the labour required at very moderate remuneration, for the sake of the experience likely to be gained, and the introduction to the better classes obtained through attendance upon the poor—an introduction which will enable them eventually to commence practice on their own account. It is also urged that, as the general practitioners in poor districts are by no means the best specimens of the profession, keeping for the most part open shops and even post-offices, the poor will not only obtain more attention, but more skill. On the other hand, it is objected that these young men are necessarily inexperienced, and that it is one of the strongest objections that they take the office with ulterior views. It is urged that the profession already suffers greatly from the issue of indiscriminate orders for medical relief, but that the evil will be increased by the appointment of gentlemen whose direct interest it will be to attend persons who are not paupers, and who may eventually become their private patients. It is obvious, also, that the excessive and improper issue of medical comforts is likely to increase the popularity of the officer with the poor, and thus enlarge the prospects of his future career. On the other hand, no one is so deeply interested in limiting the orders for gratuitous medical relief as the general practitioner who is entitled to the fees of all who can afford to pay; whilst, to avoid trouble and unnecessary work, he will not care to encourage pauper patients; and, as a ratepayer, he is peculiarly interested in keeping the expenditure on medical comforts within reasonable bounds. Nor are we prepared to believe that the exclusively appointed officer will be either a better or more zealous man. It must not be for-

gotten that such appointments are quite as frequently sought by men who have failed to receive the confidence of the public as they are by young and energetic men. The latter, moreover, are not always of the better stamp. The career presented in a poor district will in no case be very inviting; in fact, as in other spheres of life, the standard of the medical profession will in all cases be determined by the character and associations of the district. Good men will choose good districts, and succeed, and bad men will be forced to put up with what is left. But granting for a moment that better men would be secured by the exclusion of general practitioners, would it not be giving pauperism an advantage over the independent rate-payer? Would not the latter be tempted to go to the parish doctor because his advice was best; and as the latter would be ready to receive him with open arms, would not abuse be certain to occur? Inside the workhouse let the most skilful officer possible be employed, because no one will be tempted to enter for the sake of his advice; but if any one can go to the public dispensaries under such temptation, and with the prospect of getting his medicine gratuitously, many will be found ready to impose. If the general practitioners of the district are not efficient, let the Poor-law machinery be employed to raise them. There is at present great excuse. The salaries are shameful, the work is excessive, and the position all but intolerable. The best men of the district consequently do not apply. But with the introduction of dispensaries the officers, instead of being little better than huxtering apothecaries, dispensing drugs at ruination prices, will be raised to the level of consultees. Henceforth the cure of his patients will be the only object of the dispensary officer. The public will have a fair right to inspect his labour and to test his skill; and should inefficiency or neglect be proved against him, there will be just cause for replacing him by a better man. We trust, therefore, that the Poor-law Board will act positively in this important matter. They have the experience of the sister island to guide them; and, as we have previously observed, they may derive some valuable hints from the regulations in Paris for domiciliary medical relief.

In our article last week upon the Administration of Chloroform, we left for further consideration the uses of electricity in the establishment of artificial respiration; and, in order that this agent may not disappoint those who trust to it, it must be obtained from the right sources, and applied in the right way. What is required is induced electricity, or so-called faradisation. We have more than once seen displayed, especially in the operating theatres of provincial hospitals, a rotatory electro-magnetic apparatus; and we may commence by saying that such machines are not well suited for any medical purpose. The effect produced by them is very uncertain, and differs with the speed at which they are kept in rotation; so that so slight a cause as the tired hand of an assistant may, in a material degree, modify the strength of the current. For all medical uses, the inducing current should be quite uniform; and, for the purposes of resuscitation, the machine must be ready at a moment's notice. These two conditions are best fulfilled by the batteries made by Dr. EMIL STÖHRER, of Dresden, and commonly called after his name. Their force is derived from zinc and carbon elements, by the action of chromic and sulphuric acids, and the glass vessel containing sulphuric acid can be so lowered down that the elements are no longer immersed, and all action ceases. When this vessel is raised, action immediately recommences; and hence the battery is always in order, always ready for work, and only requires to be freshly charged at long intervals of time. The whole is enclosed in a locked box, which may be inclined to an angle of sixty degrees with the horizon without risk of spilling its contents; and if this inclination be exceeded, or if the box be upset, the acid runs out through a hole left for its escape, and does no damage to the coil. As usually sold, the box contains rheophores or conductors that are well adapted for the localised electrisation of muscle, but not for producing artificial respiration. To effect this in the best way, it is necessary to direct the current upon one of the phrenic nerves, where it crosses the scalenus muscle. The deep penetration of electricity requires that the rheophores should be thoroughly wetted, and that moderately firm pressure should be used. Moreover, in order to make sure of the phrenic nerve in an emergency, the rheophore should have a surface sufficiently large to cover the whole width of the region that it traverses. These conditions are best fulfilled by a rod of brass, furnished at one end with an insulating handle, and at the other with a flattened brass knob of perhaps an inch in diameter. The knob should be covered with a layer of fine sponge, sufficiently thick to absorb moisture freely. To complete the circuit any common rheophore may be employed, furnished with sponge in the ordinary way; and both sponges should be well moistened with salt water, or with water alone if time presses. When it is desired to commence artificial respiration, the special rheophore should be connected with the positive pole of the induced circuit. The other, connected with the negative pole, should be placed lightly upon the sternal region, and then the special rheophore should be applied, with steady pressure (so directed as not to compress the trachea), upon the margin of the sterno-mastoid muscle where it crosses the scalenus. The sterno-mastoid should be relaxed by position of the head; and the passage of a moderate current will usually produce energetic contraction of the diaphragm. As soon as this takes place the cervical rheophore should be raised, to allow the muscle to relax by the withdrawal of the current. It may be reapplied after a few seconds, possibly to the phrenic nerve of the other side; and should be so used as to produce and maintain the closest possible imitation of natural breathing. When, on the removal of the rheophore, natural breathing takes place, the patient may be pronounced safe, and may be turned on to his left side for nature to complete the process of recovery.

For this method of applying electricity to produce artificial respiration, we are indebted to Professor ZIEMSSEN, of Greifswald, who has recorded * some highly instructive cases of restoration from apparent death by its means; not only in chloroform cases, but in suspended animation from drowning, from the inhalation of noxious gases, and other

* Electricität in der Medicin.

causes. We have dwelt at some length upon the details of its employment, because there is a sad lack of clear knowledge about the matter. The evidence given before the Coroner in some cases of so-called "accidental" death from chloroform has shown that what was called "galvanism" was either not employed at all, or was employed in such a way that it could not possibly be productive of benefit. We have even heard of one case in which the galvanic operator percussed the chest with the two rheophores alternately, never having both in contact with the body at once, and, therefore, never passing any current at all. We have heard of another in which one of the conductors used was a dry brush of metallic wire, the current from which would affect the skin only; and, being quite powerless to excite respiration, would be only comparable to that "flipping with a towel" which we have already condemned. In any case of suspended animation or apparent death from chloroform, if electricity is used at all, it should be used in a certain definite way, and to produce a certain definite effect—that is, the contraction of the diaphragm.

In experiments upon small animals the use of electricity has not been attended by favourable results, and has been found to paralyse the heart, probably by exhaustion of its muscular energy. There are theoretical reasons why this should happen; and there are also reasons for believing that the diaphragmatic respiration produced is too forcible to be that which is best adapted to promote recovery. Against such experiments and such reasoning we have the probability that, in both these respects, the balance of human functions is less easily disturbed than in the case of rabbits and puppies; and we have also the fact (of which ZIEMSSEN'S history of the case of OTTO KRAUSE affords the most notable example) that a child has been recovered from apparent death after three minutes' total cessation of breathing, by such faradisation of the phrenic nerves as we have described. Examples of the same kind, and of almost equal interest, have also been recorded by other competent observers.

The subject is one to which we must again return; and in our next we hope to recur to Dr. RICHARDSON'S observations and experiments. We learn with much pleasure that it is his intention to take up death from chloroform as the subject of his next course of experimental lectures.

MEDICAL PRACTITIONERS are perfectly conversant with the nature and peculiarities of the working man; and, notwithstanding the dicta of those who are less instructed concerning him, have long ago come to the conclusion that, even at his best, he is singularly inapt at perceiving his true interests, or at recognising his best friends. This conclusion is never more confidently acted upon, or more abundantly justified, than in the case of all dealings between doctors and sick clubs. These institutions sprang into being at a time when any doctors that would attend them were mere apothecaries, who, perhaps justly, considered that their time and skill had no money value, and that their claim for remuneration should be solely based upon drugs supplied. Club members were not judges of drugs; and a great deal of very nauseous and very powerful physic could be supplied for a little money. Epsom salts and tartar emetic, with some archil for colouring matter, and a pump at hand, formed the backbone of the original club system. Well, time brought changes. Doctors became men of education, and not only honestly tried to cure their patients, but acquired some definite ideas about the way in which they ought to set to work. In the course of time it became manifest that clubs did not pay. Men still held them: in the country, out of sheer good nature, and personal regard for HODGE and GILES, who grinned and touched their hats at the doctor when they met him on the road, laughed at his speech at the annual dinner, ran to fetch him on an emergency, and did him a hundred turns of clumsy good-will and neighbourly kindness;—in towns, because the wives of club members are often fruitful vines, and the doctor not only secured a number of small midwifery fees, but also an opportunity of gaining experience, and of displaying qualities that would eventually lift him to a higher sphere of work. Lately, however, a belief has gained ground among the profession that too much is given in return for these doubtful or contingent advantages; and many attempts have been made to render the club contract an honest one, capable of being fulfilled on its own intrinsic merits. At present it is often essentially dishonest on both sides. The club member tries to cheat the doctor into accepting an inadequate stipend by a promise of collateral advantages. The doctor thinks: "Well, if it comes to the worst, I shall get something out of the wives and children of these people." In some places the more respectable medical men, instead of holding aloof from clubs altogether, have agreed upon a scale of charges that was usually only unreasonable from being too low, and have determined to keep to it. As a rule, when this has been done, some young practitioner has exemplified the proverb that hungry dogs eat dirty pudding; and, by underselling his neighbours, has secured to himself the whole "club connexion" of the district.

Until all medical practitioners receive the education of gentlemen, we fear degrading examples of competition must from time to time occur. Too many of the doctors who enter into arrangements springing from them speculate on the ignorance of the average club member. We, who protest, see with equal clearness the real basis of the transaction. What term can we use that is too strong to express the infatuation of those who, in the care of their sole capital, their health, are content to commit themselves to anyone who will underbid his rivals, and who cannot perceive that they ought, at all hazards, to secure the aid of character and skill by paying for them at their market value.

THE question in what mode the two motor nerves of the iris—the oculo-motor and the sympathetic—act in effecting changes in the diameter of the pupil has recently been the subject of much careful investigation. Histologists, physiologists, and ophthalmologists have alike been interested in its solution; and conclusions differing considerably from each other have resulted from the subject having been examined in different modes and regarded from various

points of view. There can be no doubt of the existence of a muscle in the substance of the iris, composed of circularly arranged fibres, usually of the unstriated variety, surrounding the pupil concentrically. By most authors, as KÖLLIKER, HENLE, BRÜCKE, and others, the presence of a second set is admitted, occupying a place somewhat posterior to the former, and arranged in a radiating manner near the periphery of the iris. This also, in man and many other animals, consists of unstriated muscle; but in birds both sets are striated, and subject in their action to the will of the animal. A discrepancy of opinion, however, exists respecting the latter set; GRÜNHAGEN, an able microscopist, denying, on microscopic and microchemical grounds, that any such radiating fibres can be demonstrated in man, mammals generally, or in frogs, and maintaining that the fibres described by HENLE are artificial products; he admits a sphincter, but not a dilatator of the pupil. In this state of the question a fresh observer appears in the field, M. ENGELHARDT, who, without pursuing the anatomical mode of investigation into detail, believes that the facts of the case may be ascertained by the method of experiment, the exciting agent being electricity. This method had already been adopted by BERNSTEIN, and Dr. ENGELHARDT appears to coincide essentially with the facts arrived at by this investigator. BERNSTEIN found that, on applying the poles of an electric battery to the opposite sides of the cornea of an eye recently removed from the body of a rabbit, dilatation of the pupil was immediately observed. By an analogous experiment, in which four electrodes were applied to the surface of the iris, contraction of the sphincter iridis could be effected, the electric stimulus acting of course, in each instance, in the direction of the length of the fibres called into action, and perpendicularly to the opposite set. And these experiments have been repeated and confirmed by ENGELHARDT, who adds this further proof of the existence of a dilatator pupillæ: If intense myosis be effected by the instillation of Calabar bean into one eye, irritation of the central extremity of the divided sympathetic in the neck produces no effect, for the sympathetic is paralysed by the bean; but if a current of electricity be passed across the eye, the electrodes being placed on opposite sides of the cornea, immediate dilatation can be induced, the muscular fibres being then directly called into action. A similar proof of the existence of a dilatator was formerly furnished by HIRSCHMANN, after the pupil had been made to contract with nicotin.

We may just add, in passing, that a paper has appeared in the last number of SCHULTZE'S Archives, by M. DOGIEL, in which he states he has demonstrated, microscopically, the presence of both a dilatator and a sphincter in a considerable number of animals with the greatest certainty. These being admitted, then, the next point is to determine in what way the movements of the iris are influenced by the third nerve and the sympathetic respectively. To determine this, it seemed to be of great importance to discover how the iris behaves when both sets of fibres are either directly, or indirectly through these nerves, stimulated to the utmost extent; and this may be effected either by the application of two oppositely-charged electrodes to the fibres, or by acting on one set of the fibres with one electrode and the nerve supplying the opposite set of fibres with the other electrode, or by stimulating both nerves coincidently. When both sets of fibres were directly stimulated, the pupil retained its average diameter and circular form, or occasionally became elliptical. When one set of muscles was directly stimulated, and the other excited through the nerves, no remarkable preponderance of one over the other set was observed; but when both nerves were simultaneously excited, the action of the third was decidedly strongest, strong contraction of the pupil resulting, and it was noticed that the action of the stimulus, when applied through the nerves, was in all instances much greater than when applied directly.

In reference to the action of atropine and of Calabar bean, opinions are as much divided as on the musculature of the iris: some thinking that atropine paralyses the third, and Calabar bean paralyses the sympathetic (BERNSTEIN, DOGIEL, ROSENTHAL); others, that whilst atropine paralyses the third it also excites the sympathetic (DE RUITEN), and that Calabar bean, whilst it paralyses the sympathetic, excites the third nerve, or may even have no action on the sympathetic, and simply stimulates the third (VON GRAEFE, ROBERTSON, GRÜNHAGEN, ROGOW). From ENGELHARDT'S own experiments, in which, after the employment of atropine, electricity was used as a stimulus, he has arrived at the conclusion that atropine does not paralyse the fibres of the sphincter, but diminishes their excitability through its paralysing agency on the third nerve. The action of Calabar bean from similar experiments he considers to be stimulating on the extremities of the third nerve. He is further disposed to admit the presence of a ganglionic system of nerves imbedded in the substance of the iris, situated between the radiating and concentric fibres, which acts as an inhibitory centre upon the sympathetic.

ON the eve of a new session, we again revert to the sanitary condition of the Mercantile Marine, because the Merchant Shipping and Navigation Bill will form a large item for discussion during parliamentary sittings; because that Bill contains clauses, good, bad, and indifferent, that directly affect the sanitary condition of seamen; and because it should be, as it always has been, our care and concern to point out to shipowners and others interested in maritime commerce the means by which the principles of hygiene and dietetics may be usefully practised afloat.

In the year 1868 it appears that nearly 200,000 men were required to man the British mercantile marine; and that during the previous ten years, from causes variously interpreted, the number of apprentices in this service decreased nearly 6000. It is well known that our ships are manned by a large proportion of foreigners, and that, though, according to the latest returns issued by the Registrar-General of Seamen, the ratio has somewhat diminished, the proportion of British sailors to the whole population of the United Kingdom is little over one per cent. The Liverpool shipowners have recently shown a praiseworthy energy in endeavouring to arrive at the true cause of this unsatisfactory decadence, and have within the last few days appointed a committee to ventilate the whole question among ship-

owners, merchants, and underwriters, with the avowed object of eliciting accurate and extensive information whereon to base a line of action with respect to the forthcoming Bill. This committee have issued a circular, containing certain queries, to a large number of persons having an intimate and practical knowledge of the question; and we desire to draw attention to several of these queries, as specially pertinent to matters medical, hygienic, and dietetic.

Have you observed any marked change in the seamen of our mercantile marine as regards their physical condition, power of endurance, &c.? and, if so, to what cause or reason can you attribute this?

Can you adduce any facts in support of your opinions?

Have you any suggestions to make by which the condition of our seamen may be improved, and the service rendered more attractive?

The first query scarcely needs an answer, for it may be found in the mouth of every ship-captain in the British merchant service. The causes, too, according to our own knowledge and belief, are not far to seek, and may be read in detail by anyone who will take the trouble to peruse the Report of THE LANCET on this subject, in January, 1867. Therein may be found an abundant supply of facts to support the opinions enunciated; and therein, too, are presented suggestions, a modicum of which has been adopted and enforced, under Government supervision, with a remarkable amount of success. The provisions of the Duke of RICHMOND'S Act, as far as they relate to the supply of lime- and lemon-juice, have resulted in a large decrease of scurvy among the seamen of the merchant navy of this country; and, though the official returns for the past year are not yet published, we are enabled to state that the number of patients admitted into hospitals for this disease is less than one-half as compared with statistics of the previous ten years. But the Act of 1867 was but fragmentary legislation; no clause was embodied therein affecting the diet of seamen afloat, and a permissive section relative to the medical examination of the men before signing articles has utterly fallen to the ground. It is a humiliating fact that, though the American marine is immeasurably inferior to our own, the sanitary condition of their crews is better, and scurvy is almost an unknown disease.

There are two chief points to which we would direct the attention of all merchants, shipowners, and underwriters; and shall be prepared to detail particulars as to these points when the subject is ripe for discussion in the House of Commons. (1) The diet of seamen should be altered and varied so as to remove all necessity for the use of lime- or lemon-juice, save under very exceptional circumstances. (2) The inspection of seamen should (as compared with the present scale) be cheapened to the shipowner or wholly undertaken by the State, and should be made obligatory instead of permissive. Until these two measures are systematically adopted and carried out, let the hull be ever so tight, the gear ever so good, and the machinery ever so perfect, the safety of our ships at sea will be continually imperilled, not only by overloading, by collisions, and by the many casualties incident to storm and tempest, but gravely and materially from lack of sound, healthy, and competent helping hands.

Medical Annotations.

"Ne quid nimis."

THE COLLEGE OF SURGEONS.

THE meeting of the Council of the College of Surgeons on the 13th instant was, as we briefly noticed last week, one of considerable importance. The resolutions of the Court of Examiners on the Report of the Committee of the General Medical Council are not as yet public property, though adopted by the Council of the College, and we must, therefore, be content with saying that they embody more or less completely the wishes of the General Medical Council, and that, particularly as regards the necessity for clinical examination prior to the granting of a diploma, the Court and the General Council are at one.

The report of the Committee appointed to consider Mr. Erichsen's proposition for the meetings of Fellows and Members within the College, shows how completely justified we were in our statement that the President already possessed the power to call such meetings, if he only chose to exercise it. The Committee report that Section 18 of the bye-laws should be held to admit of other meetings being called by the President, and recommend that a requisition signed by thirty Fellows or Members should be sufficient, with the sanction of the Council, to put that functionary in motion. It is to be regretted that the Council did not at once proceed to vote upon this proposition, since the minds of its members must have been sufficiently prepared for it, instead of postponing the business for a month. Some judicial minds, however, are fond of delay, and perhaps require time to find out, by consultation with others, what their own opinions are.

We regret that want of time prevented the discussion of Mr. Gay's motion respecting the publication of the Minutes of the Council within three days after its meeting. The sooner the present absurd system of quasi-secrecy is done away with the better. It is ridiculous that on Thursday, the 20th January, 1870, a Fellow or Member should be favoured with the opportunity of reading what took place at the meeting of December 9th, 1869!

ORGANISATION OF MILITARY HOSPITALS.

A DAILY contemporary lately called the attention of its readers to the statistics which have been published in America as an evidence of the great advance made in surgery since the date of the Crimean War. Thus in cases of partial amputation of the foot, no more than 9 per cent. of the American patients died, whereas in the French army the mortality was 48 per cent. Again, for amputation of the leg, the mortality in the American army was 26 per cent., in the English army 35, and in the French 71. In amputation of the thigh, the mortality in the army of the United States was 64 per cent., in the English army 65, in the French as much as 91. And in amputation of the arm, the mortality in the American army was 21 per cent., in the English army 25, and in the French 55. Without wishing in the least degree to detract from the surgical skill displayed by the American army surgeons, which was undoubtedly great, we are inclined to ascribe much of their success to the unusually favourable physical conditions surrounding the wounded—such as an efficient hospital organisation and a superior system of transport. At the time of the publication of the Report, we called the attention of our readers to the results which had been obtained by the American medical officers during their late war. The following remarks, by the Surgeon-General of the

Army Medical Service in the United States, on the Organisation of Military Hospitals, do not appear to have attracted the notice they deserved in this country. The observations occur at page 152 of the well-known Circular, showing the extent and nature of the materials available for the preparation of the medical and surgical history of the late Civil War in the United States:—

"Never before," writes the Surgeon-General, "in the history of the world was so vast a system of hospitals brought into existence in so short a time. Never before were such establishments, in time of war, so little crowded or so liberally supplied. They differed, too, from the hospitals of other nations, in being under the command of medical officers. Instead of placing at the head of establishments, intended for the treatment of disease and wounds, officers of the line, who, whatever their other accomplishments, could not be expected to understand the requirements of medical science, and who, with the best intentions in the world, might seriously embarrass the action of the surgeons, as was sadly the case in the Crimean War, and has been since in the English hospitals, our Government, with a wiser discretion, made the surgeon the commandant of the hospital, and thus, while holding him responsible for the results of its management, put it into his power to do much to make those results favourable. The medical staff can point with pride to the consequences of this liberal course. Never before, in the history of the world, *has the mortality in military hospitals been so small*, and never have such establishments *so completely escaped from diseases generated within their walls*."

The lesson is one which surely ought not to be without effect on those in authority, whether in England, France, or elsewhere.

MEDICAL ETHICS AND RAILWAY ACCIDENTS.

THE trial and conviction of a man named Dickeson last week at the Old Bailey, for contriving a fraud upon the London and Brighton Railway in connexion with the New-cross accident, brought out very strongly, we regret to say, some disagreeable points in relation to the professional honour and dignity of the medical attendant of the accused. Dickeson, it appeared, applied on the day after the accident to Mr. H. E. Simpson, of the City-road—a Member of the London College of Surgeons, and a Licentiate of the Edinburgh College of Physicians—complaining of a swelling in the groin and bruises of the leg. Mr. Simpson diagnosed a recent hernia, for which he ordered a truss to be supplied by his own instrument-maker. The man sent in his claim, and was seen, on the part of the Company, by Mr. Heath four days after the accident, when that gentleman failed to discover any rupture, owing to the fluid effused by the pressure of a very strong truss, and reported accordingly; expressing also an opinion, founded upon collateral circumstances, that the man was not in the accident at all. Three days after, when Mr. Heath met Mr. Simpson by appointment, the fluid had become absorbed, and there was found to be a small inguinal hernia. Under these circumstances, and the railway authorities having failed to shake the plaintiff's position, the action was not defended, and a jury awarded him £250. At this inquiry Mr. Simpson presented a bill for £40, for constant attendance upon the plaintiff from the date of the accident—a period of four months,—and justified what was regarded by the Company as an exorbitant charge by the statement that he had paid over fifty visits to the patient's home, besides supplying medicine. He allowed, however, that the truss first supplied was too powerful, and that he had never ordered another, but was content to confine his patient to the house for over two months for want of that simple remedy!

We need not enter into the circumstances which eventually led to the conviction of Dickeson, and the proof that he was not in the accident at all, and had been ruptured for years. It will be sufficient to say that at the trial Mr. Simpson was unable to produce any books or vouchers to show his attendance, and that he now said he had charged £10 a month for the four months' attendance, and explained that such unremitting attention was necessary for fear the hernia should become strangulated! In going over the distribution of the money derived from the Company, the lawyers found that Mr. Simpson had received a cheque for £54 and another for £2 1s. This was explained by him, in cross-examination by Mr. Serjeant Parry, to include £14 lent by the doctor to his patient in the course of the treatment, and also the sum of £1 1s. charged as *interest on the loan*; or rather, in Mr. Simpson's words, not charged, but taken by the borrower's desire, and as a reward for his kindness! Mr. Simpson, according to the newspaper report, made the following admission respecting his charges: "He should not probably have charged so much if he had not been aware that the costs were likely to be paid by the Railway Company; and, indeed, he should not have taken the case at all but for that fact. He charged some of his patients as low as a shilling a visit, but this was only in very poor cases." When we add that Mr. Simpson introduced his patient to his own solicitor, the same gentleman who conducted the notorious case of Harris *v.* the Brighton Railway Company, upon which we had occasion to comment a few weeks back, we think we have said enough to show that Mr. Simpson was singularly forgetful of his own position and of the dignity of the profession of which he is a member; and his case may act as a warning to medical men of a speculative turn of mind, lest they also find themselves in the uncomfortable position of seeing their patient in the criminal dock, and themselves exposed to the very searching fire of a leading counsel's cross-examination.

A NEW SYSTEM OF CONSERVANCY.

WE understand that M. Tarjet is endeavouring to introduce a system of conservancy into this country which he declares has successfully stood the test of practical experience. His proposition is somewhat difficult of explanation without the aid of sketches; but it is of this kind. Let us take the case of soldiers. The sweepings and refuse of the barrack rooms, the ashes from the grates, and the straw from the barrack beds after it has been used, are to be collected. The straw being finely chopped up, and the other substances requiring it being pulverised, the whole is thoroughly mixed together. This forms the disinfectant material analogous to the dry earth. The receptacle for the animal excretions is, first of all, to have a layer of this spread at the bottom; a bottomless frame, or mould of the shape of, but smaller than, the receptacle, is next inserted; the interval left between the sides of the frame and receptacle is then to be filled with the above material, which is to be tightly rammed down. When the frame is removed, the interior of the receptacle is, of course, lined on three of its sides with this material, which, falling down upon and covering the surface of the animal excretion as it is deposited, renders it quite inoffensive. The whole is finally removed, and utilised as manure. The inventor is, we believe, willing to undertake the adaptation and working of his plan of conservancy to a military camp, like that of Aldershot for example, at his own cost, provided he be allowed to reap all the pecuniary advantage arising from the disposal of the excreta for agricultural purposes. He has likewise another proposal for the management of the fluid excreta that is similar in kind. An ordinary urine tub is to be filled with the mixed sweepings, ashes, and chopped straw, and a funnel-shaped top, with a pipe leading down

the centre of this mixture to nearly the bottom of the receptacle, is to be adapted to the tub. This allows all the fluid to collect in the vessel, gradually filling it from below upwards. The fluid, intimately mixing with the contained material, converts it into a substance of muddy consistence, with a superficial layer of that which is dry.

It is asserted that the result is quite satisfactory, as far as the removal of all offensiveness is concerned. It is also alleged that both these plans have been tried in the French army, and elsewhere, with successful results. As we have no practical experience of the matter, we cannot venture to offer an opinion on its merits; but it appears to us a feasible plan, and one which we should like to see tried. As the inventor has been to Aldershot, and considers, we understand, that it could be tested there, with a trifling expense in adapting existing arrangements to his plan, we hope the authorities may afford him the opportunity.

THE TREATMENT OF LUNATICS.

THE post-mortem discovery of crushed ribs and breast-bones in the bodies of the unfortunate lunatics who die in our public asylums is becoming quite a matter of ordinary routine. It is said that the common asylum custom is for stout attendants to travel upon their knees up and down the prostrate bodies of unpleasant patients, by way of giving them a hint to cease from troubling. The mystery is that everybody knows this as a piece of abstract information, and that most asylum superintendents must have abundant proofs of the existence of the practice; but nobody knows anything about any particular instance. Juries are calmly told that a fracture of the sternum and of six ribs on each side was caused by the act of the lunatic. Either he sat down suddenly in a chair from which the cushion had been accidentally omitted, or he "strained himself" in coughing, or he was in the habit of beating his chest with his hands. It is high time that a stop should be put to this kind of thing; and we beg leave to suggest a simple and practical remedy. The fault, of course, rests entirely with the Visiting Justices and with the Commissioners in Lunacy. The former appoint, and the latter sanction the appointment, of so-called superintendents, who are so overworked that they cannot superintend, and whose medical functions are suppressed and pushed out of sight by their routine tasks as clerks and stewards. But with them rests the responsibility, although not the fault. We would have a post-mortem examination of every patient dying in an asylum; and we would insist that, whenever mortal injuries were discovered, the superintendent should either prosecute an attendant to conviction, or should be himself dismissed—together with all his subordinates. The attendants who were dismissed because some among them had committed a brutal murder would not readily find employment elsewhere; and a public opinion hostile to the practices we denounce would be created among their class by the irresistible force of self-interest. With regard to the superintendent, we would take his successor from among the general ranks of the profession; to the absolute exclusion of men trained from early life in an asylum, and habituated to the existence of its evil customs. In a word, we would infuse new blood into a somewhat effete speciality, and would try to raise up a race of younger Conollys, who, like him, should bring fresh minds to their work. If these men found themselves hopelessly overtasked, there would be at least some among them who would elect to follow justice and mercy in lieu of tithing mint, anise, and cummin. There would be at least some of them who would lift up voices that could be heard, and who would make statements that would command attention. Before long they would cleanse the Augean stable of our present system, and would bring to the insane new light and new hope.

HEALTH OF HER MAJESTY.

THE QUEEN, we regret to say, has been suffering repeatedly during the past few months from neuralgia, affecting different parts of the body, and severe enough to seriously interfere with rest. Her Majesty has just recovered from a recurrence of the neuralgia, attacking the face severely. The attacks have been attributable to disturbance of the nervous system, due to exposure, worry, or excitement.

ELECTRICITY AND THE SINGER'S VOICE.

AN extraordinary set of statements, relative to the effect of electricity in improving the damaged vocal powers of public singers, is going the round of the papers. It is said that Dr. Poggiale, the physician attached to the Théâtre Italien, has addressed a letter to M. Bazier, the director, in which he says that for fatigue, hoarseness, sore-throat, and other ailments from which vocalists so often suffer, there is no remedy comparable to electricity; and instances in proof of this are quoted. We venture to think that the statement to which we refer is an illustration of the ignorance often displayed by musical critics in regard to the cultivation and qualities of the voice. Dr. Poggiale, too, may well wish to be saved from his friends in reference to the opinion attributed to him, as to the curative powers of electricity in cases the most heterogeneous. The jumbling together of such conditions and symptoms as "fatigue, hoarseness, and sore-throat" would matter little were it not that, whilst electricity often does good in case of simple "fatigue," it generally acts prejudicially in cases of hoarseness, and is always contra-indicated where there is sore-throat. We do not wish to undervalue the use of electricity, which acts most satisfactorily in many cases when applied by means of the laryngeal electrode; but electricity is just one of those remedies which enjoy a certain disrepute from the absurd manner in which its good effects have been exaggerated. In cases of loss of voice due to paralysis of the adductors, a single application of electricity, by causing spasmodic approximation of the cords, will sometimes at once restore the voice; but that is a very different thing from the "unexpected success" and sudden results said to have been obtained by Dr. Poggiale in cases of diminished power in the production of the singing voice.

STRUCTURE OF THE LIVER.

IN the current number of the *New Orleans Journal of Medicine* we observe an article by Dr. H. D. Schmidt, in which that gentleman, satisfactorily, as we think, makes out his claim to being the discoverer of the termination of the biliary ducts in biliary capillaries, which is now very generally admitted. By a series of unfortunate circumstances, amongst which the fire that occurred in the Smithsonian Institute, the civil war, and Dr. Schmidt's ill health, were the most important, the observations made in 1859 have only now been published. Dr. Schmidt's observations seem to be essentially similar to those that have of late years been advanced by Budge, M'Gillavry, Chrzonszczewsky, and Eberth, and are to the effect that two capillary networks exist in the lobule of the liver: one, commencing at the periphery of the lobule from the smallest branches of the portal vein and hepatic artery, and ending at the centre in those of the hepatic vein, serves for the circulation of the blood; the other, commencing independently in the centre of the lobule, near the interlobular vein, and ending in the smallest branches of the hepatic

ducts, is most probably destined for the transport of the secretion of the gland. The cells lie within the meshes of the two networks; but, as it appears, are held and adherent more to the network for the secretion. Dr. Schmidt agrees with M. Guillot in believing that a natural communication exists between the biliary ducts and the deep-seated lymphatics of the liver. Both Kiernan and Mascagni noticed that injections thrown into the ducts returned by the absorbents, and the former observer stated that bile is frequently propelled into the absorbents on injecting the duct; and it is known that in some diseases of the liver the hepatic lymphatics are found to be distended with bile. We look with some interest for the continuation of Dr. Schmidt's researches on this point.

FRENCH COMPLIMENT TO ENGLISH MEDICINE.

A GREAT compliment has just been paid to one of our ablest clinical physicians, Dr. Walshe, by the translation of his work on "Diseases of the Chest" into French, at the hand of Professor Fonssagrives, of Montpellier. France has generally been regarded, amongst other things, as the land of auscultation *par excellence*, and the French have never realised any other position than that of teachers in regard to that particular subject. The translation, and the way in which it came about, is therefore all the greater compliment. Professor Fonssagrives observes that the literature of his country possesses many remarkable monographs on the more important maladies of the chest, but no work on the subject which can be considered as a general treatise, comprising the current science of the day. Chance placed the work of Dr. Walshe in his hand, and so struck was he with its method, precision, and contents, that he determined to give his countrymen the opportunity of knowing it. He believes that translating is too much neglected, and that French doctors are too disposed to think lightly of foreign works. In his translation he has sought not to make a pure and verbatim translation, but, by carefully managing the phraseology and the terms, to give the French reader a French book. He seems to have succeeded admirably. Professor Fonssagrives is well known as an accurate observer, and a writer on the question of phthisis and its treatment. He dedicates the translation to the illustrious Louis. Whilst Dr. Walshe himself must be gratified at the spontaneous honour accorded him, we may certainly feel that it is a compliment indirectly paid to the clinical acumen of English physicians generally.

DEATH BY THE GUILLOTINE.

IT is no new thing for sensational theories to be advanced, on very slight grounds, respecting the duration of life after decapitation; but a certain Dr. Pinel has just been talking some unusually mischievous nonsense on the subject. According to this authority, the body dies quietly and painlessly, from hæmorrhage, in the course of a few minutes; but the brain, being shielded from atmospheric pressure, retains its blood, and consequently its life, for a long period. The sources of common sensation are indeed cut away; but the nerves of hearing, sight, and smell remain, and the whole apparatus of consciousness and intellect is present. We must really decline to quote the studiedly melodramatic language in which Dr. Pinel paints the horrors of a situation which, according to him, may last as long as *three hours*. But inasmuch as the poor wretch Troppmann has suffered decapitation, we feel it a duty to prevent kind-hearted persons from having their feelings harrowed by the idea that the criminal underwent such ghastly tortures, since a single consideration will suffice to expose the fallacy of all Dr. Pinel's speculations. It is true enough that the brain does retain a large quantity of blood after decapitation; but it is equally certain that that blood rapidly becomes venous from lack of oxygen; and experimentation has amply proved that, in complete asphyxia, consciousness is entirely abolished in one minute and a half, and is, of course, being progressively lowered during the whole of that time. But, considering what a tremendous physical shock is inflicted by decapitation, it is nearly certain that all nervous function must be paralysed too completely to allow of any phenomena of consciousness taking place during the short period necessary for the perfect deoxydisation of the blood in the brain, after which mental action can never be resumed. At most, the suffering after decapitation can only be an affair of moments; and it is something worse than indiscretion to talk of the possibility of its lasting for hours.

NEW REGULATIONS UNDER THE PHARMACY ACT.

IT was very generally anticipated, and events during the last few months have shown the necessity for it, that the list of poisons in the Pharmacy Act of 1868 would have to be increased, if the public safety were properly consulted. The Act itself provided that the Council of the Pharmaceutical Society might from time to time, with the approval of the Privy Council, declare any article a poison within the meaning attached to that word by law; any alteration of the kind taking effect after the expiration of a month from the date of advertisement in the *London Gazette*. It was especially in the case of "preparations" of potent drugs that this provision was necessary; for whilst prussic acid, and strychnine, could not be obtained save under stringent precautionary regulations, the public had unrestrained access, as heretofore, to the preparations of these and other equally dangerous remedies. Now, however, for the future, as announced in the *London Gazette* of December 21st last, the following are to be regarded as poisons:—Preparations of prussic acid, preparations of cyanide of potassium and of all metallic cyanides, preparations of strychnine, preparations of atropine, preparations of corrosive sublimate, preparations of morphine, red oxide of mercury (commonly known as red precipitate of mercury), ammoniated mercury (commonly known as white precipitate of mercury), every compound containing any poison within the meaning of the Pharmacy Act, 1868, when prepared or sold for the destruction of vermin, and the tincture and all vesicating liquid preparations of cantharides Further than this, the first four are to be deemed poisons under the first part of Schedule A—that is to say, they cannot be sold except their sale is registered in a book kept for the express purpose.

We heartily approve of the above alterations. The Pharmaceutical Society has only done its duty in this matter, in obedience to the opinions which have been expressed in many quarters of late, that greater difficulties should be thrown in the way of obtaining dangerous drugs by the ignorant and the reckless. The alteration with reference to vermin-killers is especially satisfactory; and if the law is rigidly enforced, we must experience a diminution of those sad occcurrences that arise in connexion with their at present very general use. One more matter we must briefly notice. It relates to the keeping and storage of poisons by druggists. The Council of the Pharmaceutical Society believe that it is impossible to prescribe any absolute rule applicable to every pharmacy; and, after due consideration, they have determined to ask the concurrence of a general meeting of the Society to certain regulations, which enjoin that one of three methods shall be followed. Either the poisons shall be kept in a compartment where only dangerous

medicines are kept; or in bottles or vessels distinguishable at once by the touch, and different from others in which non-poisonous things are kept; or, lastly, in bottles tied over in such a way as may at once, in loosening the cap, suggest what is present. Further, in dispensing and compounding, all liniments, embrocations, and the like, shall be put in distinctive bottles, and labeled, so as to show that the contents are not to be taken.

DR. STIRLING, R.N.

Two years ago we had occasion to comment very severely upon the treatment received by this distinguished naval medical officer at the hands of Commodore Randolph, the officer in charge of the Cape station. The Admiralty refused to bring either officer to a court-martial, and thereby most unfairly deprived Dr. Stirling of the opportunity of setting himself right, and of proving the injustice with which he had been treated. As a *placebo*, Dr. Stirling was, in December, 1868, appointed Staff-surgeon to Plymouth Naval Hospital, and has ably discharged the duties allotted to him. Unfortunately, an injury to one of the fingers of the right hand has recently necessitated its amputation, and accordingly Dr. Stirling is considered unfit for active duty. He has, consequently, been promoted to the rank of Deputy-inspector of Hospitals on the retired list, and will take with him the best wishes of his brethren of all grades in the service.

SANITARY LEGISLATION.

As England is governed, the first step towards the attainment of any effectual sanitary legislation must be to create a belief in its necessity in the minds of the general public. We note with much pleasure, that the more intelligent portion of the non-medical press is beginning to take part in this good work, and to assist in the much-needed education of the ratepayers. We have received a copy of the *Malvern News* for the 8th instant, in which there is a leading article, suggested by the long-continued prevalence of scarlet fever in the Malvern College, and strongly dwelling upon the want, in the interests of the community, of enactments that have long been desired by every sanitary reformer. The *Malvern News* would render it compulsory, upon the head of a family in which infectious disease appeared, to communicate the fact to the proper authorities and even to the public; and calls for stringent measures about the reception of infected lodgers, or of healthy lodgers in apartments that the infected have left. It does not even stop here, but demands also the supervision of all plans for building by a sanitary officer, in order that no houses may be constructed in which the conditions essential to health are set at nought by speculative builders. We hail this article as a hopeful sign of the times. Many like it must be written before they begin to bear fruit; but each one will do something to promote the changes that time must bring. When the provincial press can boldly and intelligently advocate good sanitary laws, the period of their enactment must come in due course. We congratulate the *Malvern News* upon being a pioneer in a cause that is good in itself, and that is predestined to win.

AUSTRALIAN MEAT.

THE Australian meat question is becoming day by day of greater national importance in Europe. Mr. Tallerman, the energetic importer of these foods, has recently had a personal interview with the Emperor of the French, and has explained to his Majesty all the different modes of curing the flesh for exportation, and of preparing it for food. To say that the Emperor received Mr. Tallerman "courteously" is no adequate expression; for he spent the better part of a day with him, inquiring into every particular, tasting the food himself, having it served to thirty of the troops, and visiting the soldiers, unceremoniously, immediately after their repast, while an officer took down, black upon white, the opinions of every man who had partaken. In fact, a vote was taken by Napoleon personally of "good" or "not good"; to which twenty-five responded "Aye," and five "No." It is expected that large quantities of the meat will now be supplied to the French army; and there cannot be a doubt that, as the later importations of the preserved dried meats have very considerably improved in quality without increase of price, they will replace bacon to a large extent in the food market.

Another advance has been made in the same direction during the last few weeks by the introduction of *fresh* Australian mutton. The leader of this introduction is Mr. Marmaduke Bell, of Timbour, Darling Downs, Queensland. Mr. Bell's imported fresh Australian mutton is preserved by what is called Manning's process, and can be sold here at 6d. per pound without bone. The mutton, when properly soaked and well cooked, is satisfactory. According to our experience, it makes, with the addition of a relishing sauce, a good stew with vegetables; but when cooked it certainly did not answer our expectations. The uncooked Australian meat, when removed from the tin, was found to be in an excellent state of preservation.

The problem of food-supply from all parts of the world will be practically solved if Professor Gamgee's process for preserving meat in the carcass prove as successful as it promises to be. Among the reasons which render meat so dear, we may mention the practice of killing calves and lambs in order to meet the tastes of the richer classes. A little consideration will show that the loss entailed by the sacrifice of such large numbers of young animals in England must be great. Another reason, however, is that the supply of meat is a gross monopoly.

SCARLET FEVER IN MARYLEBONE.

IN his last monthly report to the vestry of Marylebone Dr. Whitmore refers to the prevalence of scarlet fever in the parish, more deaths being caused by that malady during December than by any other form of disease excepting phthisis and bronchitis. He attributes the extent of the epidemic, in great measure, to the neglect and apathy of the poorer classes, as to whom he says that, had they generally carried out the very plain and simple instructions to prevent the spread of infection which he distributed among them, the mortality which has resulted would have been materially less. The force of the epidemic appears to be on the wane now in the metropolis.

TRACTS ON VACCINATION.

DR. LANKESTER, in compliance with the request of the Vestry of St. James's, Westminster, has drawn up, in the form of a tract, a statement of *The Facts and Reasons in Favour of Vaccination*, for popular use and circulation. The Vestry has acted wisely in trying to oppose a little common sense to the anti-vaccination nonsense which is talked so freely to the ignorant. Dr. Lankester's tract is very well done, though it might have been done better. The amazing security of the nurses at the Small-pox Hospital is not effectively put. Their security is due to re-vaccination, not vaccination alone; and for thirty years not one of them has had the small-pox! Every vestry and parish in the kingdom should follow the example of St. James's, and scatter such tracts broadcast over the country. The case in favour of vaccination is so obvious that it has only to be simply and popularly stated to be received by the

people. Dr. Lankester has also prepared two other sanitary handbills, one on the Way to prevent the Spread of Typhoid Fever, and the other on the Way to prevent the Spread of Scarlet Fever. These cannot be too widely circulated. They can be had for sixpence per dozen. The way to disinfect houses and rooms needs more particular statement.

THE REMUNERATION OF POOR-LAW MEDICAL OFFICERS.

THE Poor-law Board have consented to the suspension of the regulation as to the payment of extra fees to the medical officers of the Poplar Union, and their remuneration by a fixed salary, provided all the medical officers consent to such an arrangement. We regret to find that the medical officers have consented to accept a sum annually in commutation of the extra fees at present paid to them. Although this sum will be paid on the average of a certain number of years, it is an unsatisfactory mode of payment, as it tends to make the relieving officers careless in giving orders, and puts work and responsibility on the officers which they ought not to undertake. Moreover, the labour of the medical officers has enormously increased within the last few years, and the present officers have no right to limit the fees which their successors would be properly entitled to. The extras cannot fairly be commuted, because the services inevitably vary; in fact, the word "extra" must of necessity apply to exceptional cases.

FRENCH MEDICO-LEGAL DEFICIENCY.

WE often hear the old saying repeated: "They manage these things better in France." But in several instances we might substitute "The French are just as deficient as ourselves." As an illustration, we may allude to the treatment of Dr. Pinel, of Paris, touching the death of the journalist shot by Prince Pierre Bonaparte. This physician was the first medical man called to the dying victim, and drew up a valuable report of the case. When the affair came to be investigated by the public prosecutor, the latter appointed Messrs. Tardieu and Bergeron, officially attached to his office, to make a post-mortem examination. These gentlemen complied; but neither they nor the prosecutor paid the slightest attention to the labours of Dr. Pinel, whose evidence, although of capital importance, was altogether ignored. The latter has expressed (by a letter inserted in the *International*) in no measured terms, the annoyance he feels by this omission, and shows how imperfect the report of Messrs. Tardieu and Bergeron has proved, as half a dozen circumstances, known to himself as first upon the spot, would have cleared up several obscure points. Is this conduct not a fit companion to those cases in this country where the Coroner entrusts the autopsy to a friend, and leaves out the medical man who originally had charge of the case?

THE LAMBETH COMPANY'S WATER.

IN reference to the turbidity of the Lambeth Company's water, which we noticed a fortnight ago, we learn that, at the last meeting of the Newington vestry, a letter was read from the company, explaining that, in consequence of a flood from the river Mole, a quantity of fine clay had got into the water, which accounted for its impure condition. Steps were being taken, however, to prevent this for the future. It is good to know thus much; but why, may we ask, was not the recommendation made by Mr. Radcliffe last July, "That the intake of the company should be removed above Moulsey lock," adopted by the Lambeth Company before the flood-season set in?

VACCINATION IN IRELAND.

THE Poor-law Commissioners in Ireland, in a circular lately issued by them relative to small-pox and the Vaccination Act, state, that up to the 20th of November, 1869, only one death was reported to the Registrar-General in the metropolitan registration districts, being the first case for the last two years. This case proved to be that of a sailor, who was taken in fully-developed small-pox from on board a Swedish schooner, recently arrived in the Liffey from a port in the Baltic, and was conveyed to the Hardwicke Hospital, where he died. Under existing circumstances, the Commissioners consider it of much importance to trace every case which may arise to its source, if practicable, and they trust that information may be promptly furnished to them of any case which may arise in any part of the union. The liability to invasion by small-pox, as above described, shows the necessity for maintaining vaccination throughout the country, and of a strict enforcement of the compulsory Act.

THE POOR-LAW MEDICAL SERVICE.

THE quarterly meeting of the Poor-law Medical Officers' Association will be held at the Freemasons' Tavern, Great Queen-street, on Wednesday, the 26th inst., at half-past seven P.M., when further facts will be advanced showing the injurious consequences which have resulted to the interests of the community from the present imperfect system of Poor-law medical relief. As it is desirable that the statements which will be made should be fully ventilated, we trust there will be a full attendance. The subject is one which interests not only the Poor-law medical service, but the profession and the public. The meeting will be an open one; it is therefore to be hoped that Poor-law guardians will avail themselves of the opportunity of being present at what is likely to be an interesting gathering.

DRIFFIELD COTTAGE HOSPITAL.

THE Trustees of this flourishing institution have presented their Third Annual Report to the subscribers. The Hospital contains six beds (one especially reserved for cases of accidents), and five of these were occupied for many weeks during the spring and early summer. In the past year 26 in-patients have been admitted, of whom 18 have been discharged cured, and 5 have improved. Two serious operations have been performed, one being amputation of the thigh, the other removal of the breast for cancer. In both cases the patients recovered remarkably well, and are now enjoying good health. One death has occurred in the hospital, that of a man who was in a dying state when he arrived. 26 out-patients have been relieved at the hospital. The funds of the hospital are in so satisfactory a condition that the Trustees consider themselves justified in reducing the weekly payments made by the patients themselves, to 1s. 6d. per week towards the expenses of the hospital, instead of 3s. as heretofore.

DEATH CERTIFICATES: AN EXPLANATION REQUIRED.

AT an inquest held by Mr. Richards a few days ago on the body of Louisa Rugg, aged six months, and found dead in bed, her mother swore that no doctor had attended or seen the child since its birth. Dr. Kernot said he was sent for to see the child, but found it dead; but that he had had the following letter from Mr. Talbot, of Burdett-road:—"Dear Sir,—The child Rugg, 3, Sidney-street, has been under my care for more than a month. I have given a certificate. The cause of death was convulsions from denti-

tion.—R. TALBOT." Giving certificates of cause of death is such a serious matter that we think it right to publish this case. We cannot reconcile the statement of the mother that the child had never been seen by a doctor with that of Mr. Talbot that it had been under his care for a month. Perhaps he will favour us with an explanation.

MR. PEABODY'S GIFTS TO THE POOR.

A REMARKABLE circumstance has lately taken place in reference to some property at Brixton purchased by the late Mr. Peabody, and conveyed by him in his lifetime to the trustees of his endowment fund for the poor of London. It now appears that Mr. Peabody, not being a naturalised British subject, could not, according to law, have a legal title to any real estate in this country. So the Peabody estate at Brixton has been seized by the Crown, and a special jury has decided that the right of possession is indisputably on the Crown's side. It is fully believed, however, that the Crown has interfered, not for the acquisition of the property to its own use, which would be a proceeding too scandalous to contemplate, but for the sole purpose of restoring the land to the trustees on petition, and thus to give them a legal title which they could not otherwise have.

TEMPERANCE IN IRELAND.

AN address has been presented to Mr. Tener, a large landowner in Ireland, thanking him for having abolished public-houses on his property. Drunkenness and crime have greatly diminished, and the local taxation is much reduced. In reply, Mr. Tener said: "Anxiously desiring to promote the interests of the people generally, and being aware of the ruinous effects of intemperance, I have given support to the temperance movement. I found public-houses on the estates, corrupting the social life of the people, and scattering misery and ruin where happiness and prosperity ought to have ruled. In a district covering sixty and a half square miles, comprising seven electoral divisions, no public-house has now existence, the results being an entire absence of crime and diminished taxes." Although no advocates of total abstinence, the above testimony is too valuable to pass without notice. It affords an admirable example of what personal influence may do.

TOWARDS the close of the year 1867 a department for diseases of the skin was established at St. Mary's Hospital; and we are glad to find, from the perusal of a report of the working of this department during the twelve months of 1868, from the pen of Dr. Cheadle, that its institution has been attended with satisfactory results. The system of grouping together associated or allied diseases, or rather affections of the skin specially, has afforded the best opportunity for clinical instruction, and its advantages have been appreciated by the students.

THE guardians of the Clifton Union have resolved to increase the salary of Mr. Bernard, the medical officer of the workhouse, £20 a year, in addition to £10 a year which had been already given on account of the increased number of sick in the workhouse. This increase of salary is for attending patients in the new fever and lunatic wards, which have been erected at the cost of £3850.

ON Saturday last an important question as regards the Vaccination Act was decided in the Court of Queen's Bench. The question, as stated by two magistrates, was, whether a person, having been once convicted for not complying with a vaccination order, can be convicted a second time, if a medical man certifies that the child, from ill-health, is unfit for vaccination? The magistrates believed they could continue to convict as long as their order had not been complied with, and this view of the case was upheld by the Court.

THE Bishop of Exeter took occasion, the other day, at a meeting of the supporters of the Western Counties Idiot Asylum, to challenge the statement made that very little could be done for idiots. He thought that what had been done at Earlswood showed the possibility of more being accomplished. As in the case of an apparently drowned man, who was to all appearances dead, and yet was by great efforts restored to life, so there might be in idiots a spark of intellect, and perhaps a way to get at it, which had not yet been discovered.

THE Lord Chancellor has appointed Dr. Lockhart Robertson to the office of Visitor in Lunacy, vacant by the death of Sir Charles Hood.

WE are authorised to state that Dr. Robert Martin does not intend to offer himself as a candidate for the vacant physicianship at St. Bartholomew's Hospital.

THE NEW SKIN MODELS AT THE COLLEGE OF SURGEONS.

WE have recently paid one or two visits to the new dermatological department in the Museum of the College of Surgeons, which is being stocked with models and casts under the superintendence, and by the liberality, of Mr. Erasmus Wilson. So far as the execution of the models is concerned, we have nothing to say in the way of adverse criticism, but quite the contrary. The majority of the models are executed by Baretta, in accordance with a new process which he has discovered, and they represent diseases seen in patients of the St. Louis Hospital. True to life they undoubtedly are, and beautifully made. But though the artist has done his work in perfection, it is not so with those who have made the diagnoses; and the French designations given to the represented diseases only show how English and Continental dermatologists disagree, and how confused is the present nomenclature of skin diseases. There is one thing, however, of a satisfactory character, which may tend to clear away differences in these respects. We possess the French diagnoses and opinions, so to speak, in black and white, and it is within the reach of the English student to compare the written descriptions of the French authors with fac-similes of the diseases to which they refer, and the like affections seen in our own hospitals. A great deal has to be done to bring about a common understanding between our own and Continental dermatologists as to the characters and pathology of the simplest diseases before the science which they cultivate specially can make any decided general advance. Let us take one or two examples. No. 29 is an eruption localised in the front of the shoulder, the pectoral region, and the fold beneath the mamma. It is called pityriasis rubra by the French, but it is certainly not that general disease which Devergie, Hebra, and Wilson describe; it is, indeed, an ordinary eczema in the scaly stage. No. 60 is supposed to be a papular eczema, but the papules around the real eczematous patch, and which are supposed to be distinctive of the variety of eczema specified, are only congested follicles. A like error is seen in No. 122, where the follicles, accidentally congested and choked up in connexion with psoriasis, are said to be affected by psoriasis pilaris. No. 7 is "elephantiasis nostras

du pied avec lichen hypertrophique." No. 129 "lichen hypertrophique." No. 22 "E. papilliforme consécutive à de l'eczéme." In these three cases there is chronic inflammatory thickening, with warty growths, in varying amount, in each case, the result of eczema. The use of the terms "elephantiasis" and "lichen" is wholly out of place: they are applied to accidental and secondary features. No. 70, called "erythème marginé," by Dr. Hillairet, is nothing more or less than a marked case of tinea circinata attacking the front and back of a female. Some specimens of psoriasis of the tongue are probably syphilitic, and "impetigo rodens" is a scrofuloderm.

There are, however, other very interesting models representing the pellagrous erythema (No. 5), the eruption produced by copaiba (134), acute general pemphigus (114, 13, 115), mycosis (99, 98, 100), cheloid, arsenical ulceration (No. 41), a disease called by Bazin "molluscum cholestérique," and elephantiasis.

A host of plaster casts, taken by Mr. Wilson, capitally represent the gross characters of elevation, ulceration, and the like, of most eruptions.

If we might add a caution, it is that the greatest care should be exercised in accepting any representations of a cutaneous disease of other countries, as absolutely representing the like maladies of our own country. There are modifications produced by mode of life, diet, climate, and so on, that must be carefully discriminated; and in the present instance one sees this illustrated in the case of the syphilitic diseases. We were much struck by this fact when visiting Vienna, and we have since seen additional reason to regard it as of importance.

We have only space to add that the College of Surgeons now possesses the nucleus of a most valuable and useful collection; and, used aright in connexion with the new Professoriate, it must tend to advance the better study of dermatology, and to keep intact that reputation which has been almost eclipsed of late years, by the Germans especially. English observers have been few and idle of late years. But, judging from the Baretta models, the French, with their St. Louis Hospital, would seem to be behind us in their practical knowledge of skin diseases. We must not be misunderstood; the actual models are far superior to anything of the kind we have seen. What we object to are the names given the diseases by the French. We advise our readers by all means to see the collection.

"HOSPITAL SUNDAY."

WE have some reason to hope that, although our suggestion for a national "Hospital Sunday" may possibly not be carried out at present on the complete scale we desire, yet in many of our large towns the idea will be very generally acted upon. The practice of making collections in churches for hospitals, and other medical charities, is, and has long been, common enough. But such efforts have, except in the notable instance of Birmingham, been almost entirely of a partial character, from the fact that they have been rather the results of spasmodic and uncertain promptings than of any recognised principle of action. In Birmingham a plan thoroughly systematised, and of general application, has been in operation for eleven years; all the congregations co-operate in the good work, and all the medical charities of the town participate in the benefits accruing. In Leeds £1214 were raised by Sunday collections last year, but of that sum two-thirds were given to the Infirmary, and one-third to the Dispensary, leaving nothing for the other institutions of the town. We observe that just subsequent to the appearance of our former article on this subject, a meeting of the ministers of all denominations in Leeds was held to consider the advisability of setting apart one special Sunday in the year so that the collections may be made as nearly as possible simultaneously. The Vicar of Leeds advanced a reason for fixing a particular date which will, no doubt, have weight with officiating ministers. He said that "there was a great advantage in making the collection upon a day agreed to, as the minister was thus relieved from the burden of a coming collection, the date of which might be regulated or postponed by many circumstances—by the absence or presence of some influential person, and by other reasons of a similar nature." He thought also "that greater moral weight would attach to an appeal to the public generally if the subject were brought under notice in all the places of worship in Leeds on the same day." The second Sunday in February has been determined on to be in future "Hospital Sunday" in Leeds; but we take the liberty of suggesting to the Leeds committee that the precedent of Birmingham should be followed, and that to every medical charity in the town should be apportioned a share of the day's contributions.

For the guidance of those who may be contemplating a similar effort in other places, we have ascertained that the following is an outline of the *modus operandi* which has been found to work so satisfactorily in Birmingham.

A general meeting of the ministers of religion attached to places of worship of all denominations, and of selected representatives of the laity, is summoned to meet at the Town-hall in February, to appoint a committee, chairman, honorary secretaries, treasurer, and secretary for the ensuing year. At this meeting each minister having the care of a church or chapel has the privilege of admitting four gentlemen who are parochial or congregational officers, or other lay friends. The collections are made every year on the last Sunday in October, and the proceeds are given in rotation to the General Hospital, the Queen's Hospital, and to the following group of amalgamated charities, the Committee apportioning the share which each of these charities is to receive according to its work: General Dispensary, Lying-in Hospital, Eye Hospital, Children's Hospital, Blind and Deaf and Dumb Institutions, Homœopathic Hospital and Dispensary, Orthopædic Institution, Ear Infirmary, and Dental Dispensary. We have before us a list of at least a hundred and fifty different places of worship in Birmingham and its neighbourhood from which contributions were received on last "Hospital Sunday," and the amounts range from £224 collected at the parish church of St. Martin's, to 8*s.* 7*d.* at a small Methodist chapel. In this list every denomination or sect which exists in this country is represented: Trinitarians, Unitarians, Independents, Methodists, Quakers, Jews, Swedenborgians—all unite in demonstrating that in the sacred cause of charity distinctions of creed lose their disintegrating character. The Committee numbers altogether about forty, of whom half appear to be lay members; and we are informed upon good authority that no hitch or misunderstanding about any of the arrangements has once occurred during the eleven years in which "Hospital Sunday" has been, what it may in the best sense of the expression be called, a truly catholic institution in Birmingham.

There were, at the census of 1851, about 34,500 places of religious worship in England and Wales; and if the provision for the spiritual wants of the people has kept pace with the growth of the population, it is probable that the number of congregations now exceeds 40,000. If we might suppose that these congregations would support "Hospital Sunday," in a corresponding degree per head of population, with what has been observed this year in Birmingham, the aggregate collections for the whole country would not be less probably than £260,000—possibly the total would be even larger. And we are distinctly of opinion, that if a really serious effort were made in the direction already pointed out by us, a very considerable portion at any rate of this large sum might be secured annually for the support of the institutions which minister relief to sickness and infirmity.

For all the larger towns possessing one or many institutions of this kind proposed to be benefited, the example of Birmingham supplies at once a method of action. But for small country towns and rural parishes on which there is neither hospital, dispensary, or anything of the sort, we advise that the collections should go in part to the nearest of those institutions from which any benefit is derived in the contributing town or parish, and that a portion should be given to those institutions which are common to each county—the County Hospital for example.

London is such a huge, overgrown, and (under present circumstances) incoherent community, that the difficulty of organising anything like simultaneous action upon its population is undoubtedly great. We can think of no better way of establishing "Hospital Sunday" in London than that of suggesting that the Lord Mayor should take the initiative by inviting the Bishop of London and representatives of the clergy of all denominations to meet at the Mansion House, together with a few influential laymen, and thus to organise a committee on the Birmingham plan. The present occupant of the civic chair has already acquired the reputation of being a shrewd, practical, and independent representative of metropolitan dignity; and although he has one or two irons already in the fire, we venture to ask that he will give our suggestion his best consideration.

If the metropolis were to enter heartily into this matter—and there is no reason why it should not,—we have small doubt that "Hospital Sunday" would, within a short time, become a permanent institution throughout the kingdom.

THE STATE EMIGRANT HOSPITAL AT NEW YORK.

In directing the attention of our readers to the administration of American charities, we purposely omitted any description of the establishments conducted by the Emigration Commissioners of New York, because they are deserving of special notice, in that the system is unique, and, according to our own belief, very ably and usefully carried out. The Board of Commissioners of Emigration of the State of New York is appointed by the Governor, and consists of a president, vice-president, and eight members, as well as a general agent and superintendent. The establishments under their control comprise a large landing depôt (where the financial and forwarding business is conducted, and where the sick are finally separated from the healthy emigrants), and of several extensive buildings on Ward's Island, which is situated at a moderate distance from, and to the eastward of, the city. The buildings on this island consist of a hospital proper (reserved exclusively for non-contagious diseases and surgical cases), fever hospitals, a lunatic asylum, dispensary, refuge, barracks, nursery, and residences for officers. All emigrants unable to provide for themselves on their arrival in port, either from sickness, destitution, insanity, or other causes, are at once removed from the depôt to the island, and placed under proper supervision. For, according to United States law, emigrants landed cannot be classed as naturalised citizens until they have lived in the country at least six years, so that the Emigration Commissioners are responsible for all persons arriving under their auspices until that period has elapsed. This by the way. We have taken notice of these establishments chiefly for the purpose of describing the hospital proper on Ward's Island. It is built on the pavilion plan, and consists of a corridor 450 feet long, and of two stories, from which project five wings, 130 feet long and 25 feet wide, each of two stories, with the exception of the centre wing, which has three stories. The corners of these wings are flanked, as is usual in the pavilion system, with small towers, on the tops of which are water tanks, with bath-rooms and closets below. The wards are warmed by hot air, which is forced through registers by a large fan-wheel. The same power is used in the summer to secure a cool current of air through the wards. There is also a fire-proof building, which projects from the centre of the corridor in an opposite direction, in which are contained engines, cook-rooms and scullery, washing-room, drying and ironing rooms. Here all the cooking for the island is done. The wards are ventilated by pipes connected with the main chimney, into which the steam is exhausted, thus forming a constant and powerful current. About 350 patients can be accommodated in this building, which is most admirably constructed, and may take rank with the Leeds and other hospitals as yet erected on the pavilion principle in this country. But there are three defects which should have been and might have been avoided. The pavilions are too close to each other; the officers' residences are entirely distinct, and at some little distance from the main building; the towers containing the closets, bath-rooms, &c., are placed in a direct line with the walls of the pavilions, and not at an angle of 45° with them, as at Leeds. As to the first defect, it may be, and is, we believe, argued, that want of ground necessitated the present arrangement; but we would suggest that, under such circumstances, and in face of the fact that lifts are now so much used, it would have been wise to diminish the number of pavilions, and add an additional story to each. The second objection raised is very material, for we are convinced that the administrative efficiency of an hospital containing cases of accidents and acute diseases must, in a great measure, depend upon the constant supervision of the resident chiefs, which supervision cannot be properly maintained unless their residences are situated within, or, at all events, in juxtaposition to, the main building. The third objection recorded applies with equal justice to (as far as we know) all hospitals as yet built on the pavilion system, except that at Leeds; and it appears to us that the plan there adopted is very much the best as to securing ventilation of the closets without pollution of the air of the wards, from whatever quarter the wind may be blowing. The professional staff consists of a resident physician and assistant-physician, and also a resident assistant-surgeon, besides a visiting surgeon and a consulting physician. The general charge of the various departments is given to a lay superintendent, who resides on the island, and has the active control of all business. He is a paid officer, responsible to the Committee, and appears to work harmoniously with the medical staff. We can indeed speak, from personal inspection, with no faint praise of this hospital and its administration. Mr. Bernard Casserly, the very able agent and superintendent at the landing depôt, Castle Garden, indicated to us that care was necessary as to the spending of money, as the Commission was not supported from the national coffers. But, as far as we could see and judge, the system of appointing paid chiefs to superintend these establishments, subject to the control of a small body of commissioners, appears to work well. There can be no doubt, however, that the so-called "Verplanck" State Emigrant Hospital at New York is in many respects by far the most complete home for the sick as yet established in the United States of America.

Correspondence.

"Audi alteram partem."

THE CASE OF LEOPOLD I., KING OF THE BELGIANS.

To the Editor of THE LANCET.

SIR,—I trust that you will permit a very old friend of M. Civiale to make a few remarks on the letter of Dr. Koepl, which you published in THE LANCET of January 8th.

Sir Henry Thompson, it appears, "has felt it necessary to enter a public protest against the accuracy of the statement published under M. Civiale's name," and purporting to be a surgical account of King Leopold's case, so far as it was observed by M. Civiale.

If any inaccuracies existed in M. Civiale's account of that instructive case it is right that they should be corrected; but it does not appear clear, at this side the Channel, why Sir Henry Thompson has not undertaken the task himself, instead of letting loose on "his dear departed friend" such a violent assailant as Dr. Koepl.

Had Sir Henry Thompson simply published a surgical account of his own portion of the case, we should have received a valuable contribution to practical lithotrity. As things stand at present we have the spectacle of a species of Irish duel, in which the seconds are fighting instead of the principals; and we are drifting into a position which all true friends of medical science would deplore—that of making the history of a case degenerate into an unseemly question of "merits" between the living and the dead.

Dr. Koepl's letter adds little or nothing to the surgical

part of King Leopold's case. It is, from beginning to end, a covert attack on M. Civiale, and an open glorification of Sir Henry Thompson.

Dr. Koepl commences by assuming that Civiale's publication was influenced "more by personal motives than by scientific considerations," and by asserting that the case contains "some inaccuracies," which he feels called upon to correct.

We have thus before us motives, merits, and facts. With the first the profession has no concern. I do not pretend to penetrate as deeply into the human heart as Dr. Koepl; but I can say that I have had repeated conversations with M. Civiale on the King's case. I never heard him utter a single word in disparagement of Sir Henry Thompson; but he evidently felt hurt by the manner in which the case had been handled by the English journals, and especially by THE LANCET. The comments of THE LANCET are again referred to in the posthumous publication. Mr. Walter Coulson, however, has omitted them in his translation; judiciously, I think, because they were extraneous matter, referring to the question of merit.

The "merits" of respective operators cannot, I submit, be fairly determined in the present state of the case. If they are to be discussed, M. Civiale's friends will not be found wanting; but the elements of an impartial discussion do not yet exist, because the evidence is incomplete. For my own part, I am not disposed to detract from the merit which really belongs to Sir Henry Thompson in this case. It is sufficiently great without rendering it necessary for his friends to strip everyone else and exhibit him in the position of one who, having come in at the end of a long and tedious case, claims all the glory of the cure because he was the last attendant on the patient.

"M. Civiale crushed a stone for the King without obtaining a cure; Sir Henry Thompson cured the King by crushing the calculus he found"—*ergo*, &c. So reasons Dr. Koepl. But, if I were inclined to be discourteous, I might remark that a proposition put in this way has no significance for a scientific man. We want, however, neither praise nor condemnation of individuals. What the profession desires to see is a complete account of King Leopold's case, from beginning to end. Disease and death knock at all doors alike. Let us, therefore, abstract the rank of the patient, and of the eminent men by whom he was attended, and let us have a plain, complete history of the case, as if, to borrow the expression of M. Civiale, "the King had been a simple mortal like ourselves."

M. Civiale has given the beginning of the case; Professor Langenbeck can furnish the middle, and Sir Henry Thompson the end. When the whole case shall have been placed before the profession, they will be able to form a competent opinion, but not until then.

In the meantime, and to clear the ground, I may examine in what "the inaccuracies" of M. Civiale consist, and on what facts Dr. Koepl founds his correction of these alleged inaccuracies. Let us follow them *seriatim*.

1. Dr. Koepl insists "that nothing has justified the opinion of M. Civiale when he affirmed that the King's bladder contained several calculi and a small tumour seated near the neck of the bladder." With submission to the Doctor, the opinion was justified by the only evidence of which the nature of the case admitted—i.e., by the positive result of an examination made by the first lithotritist in Europe. M. Civiale affirmed that the bladder contained more than one calculus, simply because he felt more than one calculus in that organ. In like manner, his delicate and practised touch enabled him to detect the presence of a small tumour near the neck of the bladder. To this *positive* evidence, Dr. Koepl opposes the *negative* evidence of Professor Langenbeck and Sir H. Thompson. But how, in the name of common sense, could either of these surgeons have detected several calculi in the bladder when their predecessor had been powdering these same calculi for months, or, at all events, had left behind him only a minute fragment of them.

2. The second alleged "inaccuracy" in M. Civiale's statement refers to the condition of the King's health at the time when M. Civiale was called in. Dr. Koepl says that "it was then very satisfactory." M. Civiale, from his own observation, and from the reports made to him, concluded that the King's general health was very unsatisfactory. Between these contradictory statements I do not presume to judge; but it is right to remark that in a note* appended to this portion of the case, M. Civiale mentions that the statements which he received respecting the King's general health were contradictory. It may, besides, be admitted that the same state of health which seemed "satisfactory" to Dr. Koepl might have appeared less favourable to a lithotomist who was about to perform a difficult and—under the circumstances of the case—a hazardous operation.

3. The final examination of the King's bladder was made on the 17th of July, 1862. That examination—the seventh which had been made—led M. Civiale to declare "that the bladder contained nothing more,—neither calculus nor fragments." How does Dr. Koepl meet this conclusion? By an insinuation. Civiale had misgivings in his mind. But what was the surgeon-in-ordinary about? It would be far more important to know what he felt than what M. Civiale thought. Did he endeavour to clear up his doubts, or confirm his suspicions? Did he, in a word, examine the King's bladder? He was in the habit of washing out that organ daily. Did he find the calculous matter or fragment left behind by Civiale? and if so, when? Upon these important points Dr. Koepl is silent, apparently thinking it quite enough to insinuate that the calculus successfully removed by Sir Henry Thompson was one formed on a fragment left behind by M. Civiale. There is here a striking error of reasoning. The stone removed by Sir Henry was confessedly left in the bladder by Professor Langenbeck; and it remains to be proved whether or no the German operator received the nucleus from the French surgeon. The only fact bearing upon this point is one mentioned quite incidentally by Dr. Koepl at the conclusion of his letter—viz., "that his Majesty had, after the departure of Civiale, a fragment embedded in the superior parietes of the urethral canal." This is an important fact in the history of the case. On the 27th June, 1862, M. Civiale had extracted a fragment from the neck of the bladder, and this he considered to be the last one, inasmuch as he could not detect any other fragment during his subsequent examinations. He left Brussels on the 17th July, and never saw the King, professionally, afterwards, having been virtually dismissed from attendance on his Majesty on the 2nd August, 1862.

It would be interesting to know whether the detection of this fragment in the urethra was communicated to M. Civiale, and at what time. Was the fragment composed of uric acid, or was it phosphatic?

These and many other points remain to be cleared up. So far as I can see, the only "inaccuracy" really committed by M. Civiale, in the case which you have published, consisted in his incautious adoption of a report relative to the manner in which the formation of the calculus extracted by Sir Henry Thompson was explained to the King.

I am, Sir, your obedient servant,

Paris, Jan. 11, 1870. H. GREEN.

RETURNS OF SICKNESS TO THE POOR-LAW BOARD.

To the Editor of THE LANCET.

SIR,—An article in the *Poor-law Chronicle* of January 7th will, I think, astonish many Poor-law medical officers, as it states that the permanent paupers should have been included in the recent return of sickness furnished to the Poor-law Board. Very few did this, counting those only actually on the books for the appointed day, and thus a fallacious estimate of the sickness has been made. If too late to remedy this error, it might at least be in a measure corrected by a return of the permanent paupers in each relieving officer's district.

I am, Sir, your obedient servant,

HENRY J. MATHEWS,
Jan. 18th, 1870. Medical Officer, Horsham Union.

HEALTH OF GARIBALDI.—Garibaldi, according to the *Globe*, is at present suffering severely from his old enemy, rheumatism. Unable to hold a pen in his hand, he has had to give up all correspondence; and he sees only the members of his own family.

* This note does not appear in the translation forwarded by Mr. Walter Coulson.

Foreign Medical Intelligence.

(FROM OUR SPECIAL CORRESPONDENT.)

Homœopathy in Italy: an extraordinary incident—Small-pox in Paris and London—Vital statistics of Madrid—Vesical calculus embedded in a cancerous tumour.

AN extraordinary incident has just occurred in Italy, and is exciting the attention of the medical circles of the country. One of the provincial municipalities has announced a vacancy amongst its poor-law medical officers, and has given out the astounding news that only a homœopathic doctor will be entitled to come forward in the competition for the post. It seems surprising enough that the municipality should take upon itself to decide what ought to be the doctrine and practice of its medical officers, and force homœopathy upon the poor of the locality. But what is stranger still, and shows how far the wits of the said municipality are disturbed, is the fact that it invites to the post men who are not duly qualified to practise in the kingdom, since "they must have graduated at a foreign university where homœopathy is officially taught!" But this is not all. The announcement of the municipality further states that the medical man selected must be prepared to provide himself with homœopathic remedies, and to dispense them among the poor. Fortunately for common sense, the empty-headed municipality have carried their joke too far. The Italian laws are extremely severe in preventing medical men from meddling with pharmacy, and the extraordinary pretensions of the now famous town councillors will disappear before the general laughter of their countrymen and the *non-possumus* of the laws which they seem so thoroughly to ignore.

In one of the late numbers of THE LANCET you noticed the heavy mortality due to small-pox in Paris in comparison with the benignity of the disease in London; and you inferred that it might be due to the fact that vaccination was compulsory in the one city and optional in the other. Professor Bouchardat, of the Paris School of Medicine, has recently given much attention to the subject; and, in order to explain this difference in the mortality of the two cities, he suggests two causes, which it may be well to notice. The mortality through small-pox in Paris, he says, is heavier on account of—1. The presence of a great number of workmen who come from the departments without being vaccinated. In France a vaccination certificate is necessary before admission into the schools; whilst awaiting a complete reform, the same condition should be required for admission into the work-yards of Paris. 2. The distribution of small-pox sufferers over all the hospitals of Paris, and their intermingling with patients free from the disease. London has its hospital for small-pox; Paris must have one, and in a locality sufficiently spacious for allowing a special convalescent asylum to be annexed, as it is obvious that, with the present notions of the mode of propagation of small-pox, variolic patients cannot be sent to the general asylum for convalescents. Such is Professor Bouchardat's explanation; and as he foresees that the second of his propositions will meet with some objections, he says that it would be a mistake to suppose that the aggregation in one locality of patients suffering from the same disease would be a serious peril, involving the creation of formidable foci of epidemics. On the contrary, his experience of the Small-pox Hospital of London leads him to think that the mortality there is not heavier than in town; whilst, on the other hand, dissemination of variolic patients in inhabited centres presents the greatest inconveniences.

We recently published a statistical census of the population of Madrid, for the quinquennial period of 1864 to 1868; showing how the unhygienic state of the city tells heavily on its inhabitants. It is a widely known fact that the sanitary conditions of Madrid are of the very worst. The streets are narrow and badly kept; cesspools are abundant; the sewerage is most imperfect; numerous cemeteries surround the town; whilst, from its situation, Madrid is exposed to the most sudden variations of weather. The statistical account referred to mentions that, during the year 1864, there were 11,856 baptisms, and 12,393 burials; in 1865, 12,937 baptisms, and 14,746 burials; in 1866, 11,991 baptisms, and 12,486 burials; in 1867, 12,796 baptisms, and 12,509 burials; in 1868, 11,994 baptisms, and 13,611 burials. The total number is 61,034 on the one hand, and 65,748 on the other: the difference is considerable. There is need to mention, however, that in 1865 Madrid was visited by the cholera, and that in the preceding year, as at present, the population was almost decimated by a formidable epidemic of typhus. Yet there can be no doubt that the insalubrious state of the city, and the unhygienic habits of the population, explain to a considerable extent this heavy mortality. The vital statistics of last year for the first three quarters show that the mortality during the whole year will be quite as large as during 1865.

At the last sitting of the Medical Society of the Hospitals of Paris, an interesting case was related of a large vesical calculus embedded in a cancerous tumour.

CONTINENTAL APPOINTMENTS.

France.

On account of the changes which I mentioned a fortnight ago, the following promotions have taken place in the medical department of the Paris hospitals.

M. Desnos has been appointed physician to Lariboisière hospital; M. Gombault to St. Antoine; M. Michel Peter to Larochefoucault; M. Bernutz, the well-known gynecologist, to La Charité; Professor Vulpian to La Pitié; M. Luys, the author of several works of merit on diseases of the nervous centres, to La Salpétrière; and M. Blachez to Bicêtre.

Through the renewal of the Board of the Paris Academy of Sciences, Claude Bernard quits the presidency, and M. Louisville, the vice-president, becomes president. M. Coste, the celebrated embryologist, who is a medical man, has been elected to the vice-presidency, and will therefore take the presidential chair next year.

At the same sitting of the Academy Professor Helmholtz was elected Foreign Associate in the section of Natural Philosophy.

The board of the Paris Academy of Medicine has also been renewed. Dr. Blache, who during his presidency last year had given proof of such amiable and distinguished qualities, is succeeded by Professor Denonvilliers, of the Paris Faculty.

As is usual at this time of the year, the University of France has conferred several marks of distinction on various professors of medicine, on account of the services which they have rendered by their teaching. Professors Charles Robin, of the Paris Faculty; Brongniart, of the Institute; Huguier, Professor of Anatomy at the School of Fine Arts; Combal, of the Montpellier Faculty; Goze, of Strasburg; Mabit, of Bordeaux, &c. &c., have been appointed officers of public instruction, with corresponding privileges.

Professors Broca, Lasègue, Verneuil, of the Paris School of Medicine, together with several other provincial professors, have been named officers of the French University.

Italy.

Professor Moleschott has been chosen by the Faculty of edicine of Turin to deliver the inaugural address on the occasion of the resumption of studies at the Turin University.

After a *concours* which took place among the laureates of the various universities of Italy, Dr. Carlo d'Iutino di Terano has succeeded in obtaining the chair "for the advancement of clinical medicine" at the Florence University.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

THE HOMICIDE IN PARIS.

IT would be irrelevant to the special character of your journal to enter into any details touching the homicide which took place at Auteuil, and which is now creating such a sensation in France, but a few peculiarities considered from a medico-legal point of view will certainly be of interest to your readers. The autopsy was performed on the Wednesday morning at about ten o'clock, by Professor Tardieu, in

conjunction with Dr. Bergeron, and under the circumstances prescribed by the French law. On a superficial examination the bullet could not be discovered; so the investigation was completed by a formal search into the viscera. It was eventually found behind the heart, and in the situation of the diaphragm. M. Tardieu thus explains the course which it followed:—After having penetrated the clothing, and impaired a rib, it entered the left ventricle of the heart. The bullet was then pushed back by a flow of blood, and, by its own weight fell out of the heart and found its way into the situation where it was discovered. M. Tardieu also asserts that, judging from the bullet-marks on the clothing, the shot was fired, not in close proximity to the victim, but at a distance of five or six steps. Another important circumstance from a medico-legal point of view, will be Dr. Pinel's testimony. Dr. Pinel was called upon immediately after the fatal event took place to investigate the condition of the Prince's face, and see whether a slap had been received. It is said that he discovered no traces of a blow on the face, but was shown on the mastoid process a roundish and well-defined spot which was rapidly assuming a bluish hue. Dr. Pinel has already attempted to furnish an explanation of the contusion by raising the following hypothesis based on the appearance and character of the injury:—1. The contusion may have been caused by a stray bullet, which, after rebounding several times, and losing its strength, eventually struck the Prince behind the ear. 2. Fragments of wood and plaster, produced by the penetration of the two lost balls, may have caused the same injury. 3. If the contusion were the result of a slap, it could be occasioned only by the presence of a ring with a stone. 4. The stick picked up in the drawing-room of the Prince could only have produced the contusion by its leaden knob. 5. The door of the drawing-room, facing the billiard-room, being half open at the time of the event, the Prince may have struck himself against the casing of the door which corresponds to the left side of the face, whilst pursuing M. de Foneville. The following circumstances may help to throw some light upon the value of these hypotheses. It was only the Prince who fired, and he fired three shots. One of the bullets has been discovered in the dead man's body; if the other two are found imbedded in the wainscoting, the first of Dr. Pinel's hypotheses is disproved. Next, M. Victor Noir had no ring on his finger. It remains to be seen how M. Pinel will support his hypotheses in court, and what deductions he will draw therefrom. Meanwhile it would be out of place, in awaiting the trial, to enter into any other considerations.

CONTEMPLATED PROJECT OF A SYNDICATE FOR THE FRENCH MEDICAL PRESS.

One of the medical journals here has started the scheme of a syndicate of the French medical press, and has already met with a certain number of adherents among the editors. The object of this syndicate would be to settle all nice questions of honour and polemics in the body of the medical press, to establish a sort of understanding among its different organs, and especially to advocate the interests of the medical press with the Government. Though an institution of this kind would seem, at first sight, to be one of great value and necessity, it may be met by many objections; and, already, Dr. Dechambre, the able editor of the *Gazette Hebdomadaire*, refuses to co-operate in the scheme. If I were called upon to give an opinion, I should say that the project, as the medical press now stands in France, involves many inconveniences, with but few advantages. In the first place, the polemics of the medical journals here are so extremely mild that one does not see how there could be delicate questions to settle. With regard to questions of honour and propriety, it is better to leave each editor to judge for himself in regard to the general conduct of his journal and incur the consequences of his manner of acting, the medical public being the best jury. In the next place, it has been argued that the medical press, which cannot treat of medico-political and social matters without paying a large fiscal due, should protest against this order of things. But this is a general question affecting the political press as well, and in which the political journals can better and more effectually intervene, as they have been constantly doing, with now a better prospect of success. It could not be fair for the medical press to separate its interests from those of the general press, and to ask for the right of treating gratuitously of political matters when the political press pays such a heavy sum for the privilege of doing so. It is, therefore, a measure of general freedom which must be sought, and the influence of the political press is better able to obtain it than any special syndicate. Lastly, if it is thought necessary to combine the efforts of all the scientific press in one direction for the promotion of any good cause, professional or scientific, it seems that there are other means of coming to an understanding than by the institution of a syndicate, which, having authority to intervene on every possible question in connexion with the medical press, would not fail to engender much angry feeling, and would soon lose its authority through the divisions existing in its own body.

DR. LORAIN ON THE PULSE, ITS VARIATIONS AND VARIOUS FORMS IN DISEASE.

I have much pleasure in directing at once the notice of your readers to a most important work which is just fresh from the Parisian press. It is from the pen of my distinguished friend, Dr. Lorain, physician to the Hôpital St. Antoine, and deputy-professor at the School of Medicine. About a year ago I mentioned in THE LANCET what valuable results M. Lorain had obtained by the application of the graphic method to the investigation of the last choleraic epidemic at St. Antoine. Dr. Lorain had applied all the physical means of investigation involved in the graphic method, to the study of the temperature, the pulse, the weight of body, the quantity and composition of the urine, the muscular strength, and, lastly, the movement of the muscles and circulation of the blood, during the course and different stages of the disease. He thus arranged a series of most interesting *tableaux*, enabling one to take in at a glance all the striking features of a case. Since then, he has purposed to resume successively each of these means of investigation, and apply it to the study of disease. The present volume is devoted to the variations and forms of the pulse. It contains 500 *figures* due to the sphygmograph, and includes five divisions in which the author successfully describes:—1, the character of the method; 2, an analysis of contemporary labours on the subject; 3, the rules which are indispensable to a practical use of the registering apparatus of the pulse; 4, his clinical researches, especially in connexion with the heart. An important chapter is devoted to the therapeutical and medico-legal portion of the subject. There is no need to insist further on the nature and value of the work.

THE SOCIETY OF SURGERY: PROFESSOR VERNEUIL ON THE CHARACTER AND OBJECT OF FRENCH MEDICAL SOCIETIES.

On descending from the presidential chair at the last sitting of the Société de Chirurgie, Professor Verneuil made some trite and interesting remarks which may serve to show the general character of the French medical societies. "After an existence of twenty years," he said, "our society, preserving its strength and vigour, represents faithfully enough the present condition of French surgery. It may be blamed perhaps for cultivating facts too exclusively and showing too great a neglect of doctrines; for being rather a clinical panorama than a chirurgical council; for sifting the past and ensuring the present without attempting to sound the future; in a word, for following the movement rather than directing it. These reproaches are justified to a certain extent, but they may be equally addressed to all learned bodies where matured men, and especially practitioners, are in a majority. They rarely take the initiative, and their tendencies are moderative rather than progressive. Leaving to isolated, active, and ardent workers the task of enunciating new views, ingenious hypotheses, and daring innovations, they content themselves with judging by experience, and, without always laying themselves open to reproach, they willingly adopt the *melius sistere gradum* of our prudent ancestors."

Paris, Jan. 18th, 1870.

THE foundation stone of a new hospital and infirmary for the Rotherham district was laid on Wednesday with Masonic honours by Earl de Grey and Ripon, who is Deputy-Grand Master of England and Provincial Grand Master of the West Riding. This new hospital is to be built on the pavilion principle, which of late years has been so much approved.

Obituary.

ROBERT BOWIE, M.R.C.S.

AN able and energetic promoter of asylum reform has been lost to the community of Victoria in the person of Robert Bowie, Esq., M.R.C.S. London, who died at Fitzroy, near Melbourne, on the 2nd October, 1869. The deceased gentleman was born in Perthshire on March 17th, 1788. He obtained his diploma in 1811, and was employed by the Central Board of Health in London during various epidemics, and by the Government on several commissions throughout the kingdom. After his arrival at Melbourne, he was appointed by the Home Government first medical superintendent of the Yarra Bend Lunatic Asylum, and at once gave evidence of his enlightened views in medico-psychology, and of his efficiency as an administrator. He introduced the cottage system of treatment, as supplementary to that in the Asylum itself, and was singularly ingenious and successful in his contrivances for the sanitary accommodation and the amusement of the patients. He encountered, overcame, and lived down a good deal of opposition, the offspring of official jealousy and professional spite, and finally withdrew into private practice in 1863. He continued to enhance his well-earned popularity in the colony, till death, from angina pectoris, removed him in his eighty-second year.

DR. JAMES GARDINER.

WE regret to have to record the death, at the early age of forty-seven, of Dr. James Gardiner, of Portsoy, in the county of Banff. The deceased gentleman graduated as Doctor of Medicine at the University of Edinburgh in 1843, and in the same year obtained the diploma of the Royal College of Surgeons of that city. He was a Justice of the Peace for the county; was parochial medical officer of Fordyce; and medical referee of the Medical Invalid and General Insurance Company—posts which he filled with an acceptance that enhances the sorrow with which a wide circle of patients and friends deplore his untimely loss.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examination in Anatomy and Physiology at meetings of the Court of Examiners held on the 18th and 19th inst.:—

W. C. Rees, of Melbourne, Australia; J. H. Widdifield and F. Buller, of Toronto and St. Thomas's Hospital; William Wade, of Toronto; Thos. Barlow, of Manchester and University College; E. C. Hey, of Leeds; T. A. Elias, of Manchester; William Jelly, of Edinburgh and St. Mary's Hospital; R. H. Sparrow, of Dublin; William Hammond, Sidney Coupland, and E. W. Symes, of University College; G. M. Whitehead and A. H. Barrow, of St. Thomas's Hospital; J. J. Sarjant, of London Hospital; W. C. Blaker, F. J. de Lisle, C. J. W. Pinching, E. H. Steele, and R. A. Lithgow, of Guy's Hospital; William Rae, F. G. S. Wilde, F. J. C. Parsons, E. M. Madden, and E. J. Plummer, of King's College; L. E. Roberts, of Middlesex Hospital; E. A. Muggeridge, W. T. Boreham, R. C. Atthill, and G. Greenslade, of Charing-cross Hospital; J. E. Barton, of Westminster Hospital; E. G. Tennant, F. C. Bryan, William Bartlett, and H. B. Harrison, of St. Mary's Hospital; Ebers Chambers, S. O. Bishop, and W. Randall, of St. Bartholomew's Hospital.

Twenty-two other candidates were admitted to examination on the above-named days, but failed to satisfy the Court, and were referred for a period of three months' further anatomical study.

The result of the preliminary examination in general knowledge, for the diploma of Member and Fellow of the Royal College of Surgeons, has just been made known to the candidates, and it is stated that the number of rejections is very large.

The lectures for the present year will be commenced on Monday, the 31st of January next, by Professor Erasmus Wilson, F.R.S., who will give six lectures on "Dermatology." Professor Flower, F.R.S., will afterwards deliver a course of eighteen lectures on the "Anatomy of Mammalia," commencing on Monday, the 14th of February. These lectures will be delivered in the theatre of the College on each Monday, Wednesday, and Friday, at four o'clock. In June next Professor Birkett will give a course of six lectures "On the Nature and Treatment of New Growths;" and the entire course for the year will be completed by Mr. Hulke, F.R.S., who will deliver three lectures "On the Minute Anatomy of the Eye."

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Jan. 13th, 1870:

Daphthtary, Girdharlal Ratanlal, Kensington-gardens-sq.
Flowers, William Field, Tealby, Lincolnshire.
Nettle, William, Liskeard, Cornwall.
Rigden, Walter, Canterbury.
Taylor, Frederick, Kennington-park-road.

ROYAL COLLEGE OF SURGEONS OF IRELAND. — The following gentlemen passed their primary examinations in Anatomy, Physiology, and Materia Medica, at a meeting of the Court of Examiners held on Jan. 11th and 12th:—

Messrs. Dick, Finlay, Green, Hurford, Knaggs, Low, Montgomery, Pigott, Ravert, Ray, Summerville, Waddy, and Wolsey.

THERE will be a competitive examination of gentlemen who may be candidates for the rank of assistant-surgeon in the Royal Navy at Chelsea Hospital on the 7th February.

HARVEIAN SOCIETY OF LONDON.—The following gentlemen were elected officers of the Society for the year 1870:—President: Dr. Cleveland. Vice-Presidents: Dr. Frederick Cock, Mr. James R. Lane, Mr. J. Z. Laurence, Dr. C. Royston. Treasurer: Dr. Fuller. Hon. Secretaries: Mr. Curgenven, Dr. W. H. Day. Council: Dr. J. Hall Davis, Dr. Tilbury Fox, Dr. William Hickman, Mr. Berkeley Hill, Dr. J. Holmes Jephson, Mr. Newton Lee, Dr. Duncan Menzies, Mr. Edmund Metcalf, Dr. Thomas Morton, Mr. Edwin Etty Sass, Dr. R. S. Sisson, Dr. J. G. Westmacott. The annual meeting and conversazione was held on Thursday the 6th, when the retiring President, Dr. Headlam Greenhow, gave an eloquent address on the discoveries and improvements in Medicine and Surgery since the foundation of the Society in 1831.

DR. CROWTHER.—Testimonials are not an invariable consequent on real merit; and it is therefore with the greater pleasure that we record a signal instance of good service receiving its reward in the address and presentation made to Dr. Crowther by the citizens and inhabitants of Hobart Town. The purse had two hundred and forty sovereigns, and was doubtless, in the Doctor's estimation, a less significant mark of the acceptance with which he had laboured than the hearty expression of the goodwill and gratitude of the community whom he had laid under so many obligations. The subscribers ranged from the humblest to the highest residents in Hobart Town, and their donations bore witness to their sense of professional services, which covered nearly the whole field of the practitioner's art. Dr. Crowther has long been one of the most successful median lithotomy operators in Australia; while his character as a public-spirited citizen is attested by his elevation to the Upper House of the Legislature.

The Provost of Trinity College, Dublin, has presented his valuable and useful Mathematical Library to the College Lending Library.

DR. PROTHEROE SMITH was appointed a Corresponding Fellow of the Edinburgh Obstetrical Society at the meeting held on January 12th inst.

LEAMINGTON AND LONDON SEWAGE.—In the matter of sewage, as in so many other particulars, the metropolis allows itself to be outdone by provincial towns. Leamington, for example, has had its sewage examined by Dr. Letheby; one sample, after it had passed the charcoal filter, the other before being subjected to that process, although it had undergone chemical influences. In one of these, Dr. Letheby found only 8·40 grains of organic matter (in solution); and in the other, only 9·40 grains; whereas ordinary London sewage contains 15·08 grains. Again, of mineral or organic matters in suspension, the two Leamington samples yielded none whatever; but, on the other hand, the London sewage contained 22·04 grains of mineral, and 16·11 grains of organic, matters in suspension. Now, why is there this contrast? And yet nearly all the towns of the Thames valley are under strict orders from the Conservators to discontinue draining into the river at a given time!

Medical Appointments.

AMSDEN, G., M.B., C.M., L.R.C.P.L., M.R.C.S.E., has been appointed Assistant Medical Officer to the Essex County Lunatic Asylum at Brentwood, vice Dr. Gilland, appointed Medical Superintendent of the new Berks County Asylum.

ANDERSON, A. D., M.D., has been appointed, by the Faculty of Physicians and Surgeons of Glasgow, a Director of the Royal Lunatic Asylum at Gartnavel, Glasgow.

AUSTIN, S. C., M.R.C.S.E., has been appointed Medical Officer for the Southern District of the Godstone Union, Surrey, and for District No. 3 of the East Grinstead Union, Sussex, vice G. Chapman, M.R.C.S.E., deceased.

BILLING, J. P., L.F.P. & S. Glas., has been appointed Medical Officer for District No. 2 of the Eastbourne Union, Sussex, vice Bransby Roberts, L.K.Q.C.P.I., resigned.

CHAPMAN, J., L.F.P. & S. Glas., L.S.A., has been appointed Surgeon to the Burlington Slate Works, Kirby-Ireleth, Lancashire, vice H. Barber, M.D., resigned.

COLEMAN, H. W. A., M.D., has been appointed Medical Officer for District No. 1 and the Workhouse of the Lutterworth Union, Leicestershire, vice J. F. Ashby, M.R.C.S.E., resigned.

CONSTABLE, J., M.D., C.M., has been appointed Medical Officer to the Local Authority for the Parish of Leuchars, Fife, under the provisions of the Public Health (Scotland) Act.

DANIELL, W. C., M.R.C.S.E., has been appointed Medical Officer for District No. 3 of the Newport Pagnell Union, Bucks, vice C. Whitton, M.D., resigned.

DAVIES, F. P., M.B., C.M., M.R.C.S.E., has been appointed Resident Medical Officer to the Birmingham and Midland Free Hospital for Sick Children, vice C. H. J. Hogg, M.R.C.S.E., resigned.

EVANS, T. L., L.R.C.P.Ed., has been appointed Medical Officer for the Glyncorrwg District of the Neath Union, Glamorganshire, vice J. Jenkins, M.R.C.S.E., resigned.

FARRAR, Mr. J., has been appointed Vice-President (not President) of the Andersonian Medical Society, Glasgow.

GILLAND, R. B., M.D., M.R.C.S., Assistant-Physician at the Essex Lunatic Asylum, Brentwood, has been appointed Medical Superintendent of the new Lunatic Asylum, at Cholsey, for the County of Berks.

HAIGH, H. W., L.R.C.P.Ed., M.R.C.S.E., has been appointed Assistant-Physician to the Royal Edinburgh Asylum for the Insane.

HULME, E. C., F.R.C.S.E., has been appointed Ophthalmic Surgeon to the Great Northern Hospital, Caledonian-road.

LONGWORTH, P., M.D., has been appointed Medical Officer for the Glasson Dispensary District of the Athlone Union, Co. Roscommon, vice W. E. Wilkinson, L.R.C.S.Ed., deceased.

MANN, D., M.R.C.S.E., has been appointed Medical Officer for the West District of the Holbeck Union, Yorkshire, vice W. Scott, M.R.C.S.E., resigned.

MILLER, H., M.B., has been appointed Medical Officer for the Allonby District of the Wigton Union, Cumberland.

MOORE, W., M.R.C.S.E., has been appointed Resident Surgeon and Secretary to the Kidderminster Infirmary, vice J. Rose, M.D., appointed House-Surgeon to the Chesterfield and North Derbyshire Hospital and Dispensary.

PRITCHARD, H. J., M.R.C.S.E., has been appointed House-Surgeon and Secretary to the Victoria Hospital for Sick Children, Chelsea, vice F. M. Pierce, M.D., resigned.

ROSE, J., M.D., M.A., L.R.C.S.Ed., late of the Kidderminster Infirmary, has been appointed Resident Medical Officer of the Chesterfield and North Derbyshire Hospital, vice J. P. Ryan, L.R.C.S.I., resigned.

ROW, W., M.R.C.S.E., has been appointed Medical Officer for the Market Overton District of the Oakham Union, Rutlandshire, vice G. M. Ashforth, M.D., resigned.

SHIELEY, H. J., F.R.C.S.E., has been appointed Medical Officer for the Ash District of the Eastry Union, Kent, vice J. Sladden, M.R.C.S.E., resigned, and since deceased.

SIMMS, J., L.R.C.S.I., of Belfast, has been elected Resident Assistant-Surgeon and Registrar to the County Down Infirmary, vice Dr. E. F. Nelson, resigned.

SLOAN, D., M.B., has been appointed Certifying Factory Surgeon for Catrine, Ayrshire, vice J. Ballantine, M.D., deceased.

SWABEY, S., F.R.C.S.Ed., has been appointed Medical Officer for District No. 6 of the Alderbury Union, Wilts, vice H. P. Blackmore, M.D., resigned.

TOMLINSON, D. W., M.R.C.S.E., has been appointed Medical Officer for the Oundle District of the Oundle Union, Northamptonshire, vice E. Webster, M.R.C.S.E., resigned.

WILSON, Dr., has been appointed Assistant Medical Officer to the Lugar Iron Works, Ayrshire, vice D. Sloan, M.B., resigned.

Births, Marriages, and Deaths.

BIRTHS.

FENNELL.—On the 14th inst., at Plymouth, the wife of Chas. J. Fennell, M.R.C.S.E., Assistant-Surgeon R.N., of a daughter.

HARMAN.—On the 16th inst., at Gresham-road, Brixton, the wife of J. Harman, M.R.C.S.E., of a son.

M'NALTY.—On the 14th inst., at Devonport, the wife of Staff Assistant-Surgeon M'Nalty, F.R.C.S.I., of a daughter.

PEARCE.—On the 14th inst., at Grewyn, Dulwich, the wife of J. C. Pearce, M.R.C.S., of a son.

MARRIAGES.

ARMISTEAD—SMITH.—On the 13th inst., at the Parish Church, Lancaster, William Armistead, M.B., C.M., of Harpurhey, Manchester, to Emily Agnes, second daughter of Warwick Smith, Esq., of Walnut-bank, Lancaster.

KERSHAW—HOLDEN.—On the 19th inst., at the Parish Church, Prestwich, John Kershaw, L.R.C.P., &c., of Royton, to Harriet, second daughter of the late Thomas Holden, Esq., of Highlands, Royton.

NEWCOMBE—MILLER.—On the 6th ult., at All Saints Church, Newcastle-upon-Tyne, F. W. Newcombe, M.D., to Emily, second daughter of Wm. Miller, Esq., of Newcastle.

SARGENT—COOPER.—On the 20th ult., at Lingasoogoor, Deccan, James Forbes Sargent, Assistant-Surgeon 5th Hyderabad Contingent, second son of the Rev. J. P. Sargent, M.A., to Mary Elizabeth, eldest daughter of Colonel A. Cooper, Madras Staff Corps.

SMITH—COUPLAND.—On the 20th inst., at Ordsall, Notts, Frederick Smith, Surgeon, &c., of Alpha House, Old Kent-road, to Harriette, daughter of the late Thomas Coupland, Esq., of Retford, Notts.—No Cards.

DEATHS.

FINCH.—On the 5th inst., R. S. Finch, M.R.C.S.E., of Wimbledon, aged 46.

KEYS.—On the 19th inst., George F. Keys, F.R.C.S.E., of Warwick-street, Regent-street, aged 53.

LEVER.—On the 12th inst., John C. W. Lever, who perished in the fire that occurred at the "Star and Garter Hotel," Richmond, late of H.M.'s 52nd Light Infantry, and only surviving son of the late Dr. J. C. W. Lever, of Wellington-street, London-bridge, and Guy's Hospital, in the 31st year of his age. Deeply beloved and regretted.

MIDDLETON.—On the 10th inst., Alfred Middleton, M.R.C.S.E., of Leyton, Essex, aged 63.

NIXON.—On the 30th ult., Dr. Edward Nixon, of Barnard Castle, formerly Surgeon in the Coldstream Guards, aged 82.

SHAND.—On the 2nd inst., John Sanders Shand, M.D., aged 84.

STROVER.—On the 8th inst., T. B. Strover, F.R.C.S.E., of St. Helier, Jersey, Surgeon-Major (retired list) Bengal Service.

TIPPETTS.—On the 14th inst., at Edith-grove, Brompton, Richard Tippetts, F.R.C.S.E., late of Dartford, aged 67.

Medical Diary of the Week.

Monday, Jan. 24.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Lettsomian Lectures: Dr. Tilbury Fox, "On the Pathology and Treatment of Eczema, and, incidentally, the Influence of Constitutional Conditions in Skin Diseases." Lecture II.

Tuesday, Jan. 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Humphry: "On the Architecture of the Human Body."
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. J. Bonwick, "On the Origin of the Tasmanians, Geologically Considered."—Mr. H. H. Howorth, "On a Frontier-line of Ethnology and Geology."—Mr. G. M. Atkinson, "On the Nicobar Islanders."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. William Ogle, "On Anosmia: Cases illustrating the Physiology and Pathology of the Sense of Smell;"—&c.

Wednesday, Jan. 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.

Thursday, Jan. 27.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On the Chemistry of Vegetable Products."
MEDICO-PSYCHOLOGICAL ASSOCIATION (Meeting in the Rooms of the Medico-Chirurgical Society).—8 P.M. Mr. W. R. Kesteven: "Cases of Mental Imbecility in Connexion with Pseudo-Hypertrophic Muscular Paralysis."

Friday, Jan. 28.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M. Dr. Robt. Braithwaite, "On the Geographical Distribution of Mosses."
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On Graham's Scientific Work."

Saturday, Jan. 29.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Scott, "On Meteorology."

Notes, Short Comments, and Answers to Correspondents.

FRIENDLY SOCIETIES AND MEDICAL FEES AT PRESTON.

THE Secretary of the Amalgamated Friendly Societies' Provident Dispensary at Preston has addressed a long letter to us, purporting to correct some slight inaccuracies alleged to exist in our account of the attempt of the combined Societies to defeat the wish of the medical officers of the Friendly Societies to have their remuneration raised from 2s. to 3s. We cannot admit that any existing depression of trade justifies the refusal of the Societies of Preston to grant the very reasonable request of the medical men, and nothing in the letter of the Secretary justifies the belief that they will get "first-class medical treatment, with *proper* medicines," on the terms specified. The fact is—and working men know it—the terms of payment are inadequate; and when working men get seriously ill, they are fain to have a private doctor on ordinary terms. The absurdity of the adopted scale, which we quoted in our issue of the 8th instant, will the more readily appear when it is considered how much more liable to require medical attendance women are than men, and persons under fourteen years of age than above. It is children and women whose diseases make up the bulk of medical practice. Their diseases require good medicines, such as steel wine, cod-liver oil, and quinine; the free and often long administration of these medicines is necessary to meet constitutional weaknesses, and to prevent disease becoming chronic and intractable. And yet, according to their system, women are to be doctored at a halfpenny a week, and children at less; three children are to be doctored at a penny! five children at three halfpence, and seven children at twopence!!! Fancy scarlet fever in the house, and to affect the seven. For eight shillings a year the doctor would have to attend them all for a sum that would not repay him for one day's attendance and medicine in urgent circumstances. We believe the Societies have made a great mistake. They may possibly get medical men at the terms; but that they will get good medicine, even to say nothing of first-rate advice, is out of the question. We hope the public will entirely withhold assistance from a scheme likely to be bad for the working classes, as it is certainly calculated to injure the medical profession, which has shown every desire to meet the reasonable wishes of the working classes at Preston, and deserved better things at their hands. We shall wait with some, but not much, curiosity to hear the names of the medical men who abet this miserable attempt to degrade the Friendly Societies and the Sick Clubs. We confidently predict that the respectable members of the profession will stand aloof from it.

A. W. Z., in addressing his question to us, must have misdirected his letter.

DELHI BOILS.

To the Editor of THE LANCET.

SIR,—I was the first in this country, so far as I know, to bring the subject of Delhi boils prominently before the profession. In the first volume of the *Journal of Cutaneous Medicine*, I reported a case which seems to me to entirely do away with the parasitic theory of the disease.

Feb. 20th, 1864.—John L—— presented himself at the Royal General Dispensary. Was five months with the army at the siege of Delhi, during which time he enjoyed excellent health. Returned home in 1857. After being about six months in England, he was attacked with boils, which did not "ripen," but ulcerated on the top; these ulcers did not heal, but continued to spread. After three months' suffering, he applied to one of our leading hospitals, and had one of the "lumps" on the wrist cut. Nothing, however, but blood came from it, and the operator confessed that he had made a mistake. Went from hospital to hospital without obtaining relief, and without anyone being able to say from what disease he was suffering.

On examination, I found several small, indurated, purplish tumours on the wrist, amongst the rest *the one which had been cut years ago*. On the left forearm, three similar ones. On the right forearm, several squamous patches in various stages of exfoliation, some with cicatrix-like surface, and the integuments of the whole forearm more or less indurated. In the right popliteal space was a large ulcer, looking as if punched out, with indurated edges, brown base, and discharging a tenacious, viscid matter. The surrounding tissues were hard as brawn.

Under some weeks of a varied treatment the tumours remained as they were, hard and indolent, neither subsiding nor going on to suppuration; the ulcer in the popliteal space remained also *in statu quo*. Other tumours, moreover, appeared, some of which went through their regular course—viz., red patch, progressive circumscribed hardness, increasing prominence, darkening of tumour, and ulceration. An immense boil now made its appearance on the inside of the left thigh, and advanced with alarming rapidity. This I had painted daily with compound tincture of iodine, and the result was speedy disappearance of the tumour. To the ulcers I applied, in vain, all kinds of applications—soothing, stimulating, and caustic. At last, under the advice of Mr. W. Adams, I had recourse to blistering liquid, a few applications of which at once produced a healthy action and speedy cicatrisation.

When the man was last under my care I was giving him arsenic, in order, if possible, to rid him of these constant repetitions of his annoying malady.

Some months ago, when I resigned my appointment at the dispensary, the patient came under the care of Dr. Mayo; and from a letter in your impression of Jan. 8th, it appears that he is still under that gentleman's treatment.

Now, the peculiarities of this case are—

1st. That during the voyage from India, and for six months after his return home, the man enjoyed perfect health; and

2nd. That for so many years after leaving the infected locality he should be liable to fresh outbreaks of the disease.

I remain, Sir, yours obediently,

Maida-hill, Jan. 10th, 1870. E. S. SISSON, M.D.

THE GOVERNMENT AND DRUNKENNESS.

IT is devoutly to be hoped that the Government will receive the assistance of the press and of public opinion in its attempt to abate the evil of drunkenness. As it is our lot to see so much of this evil, and so many of its consequences, we must confess to an earnest hope that something will be attempted to show that we are seriously ashamed of this vice. The *Pall Mall Gazette* seems afraid of our treating men who get drunk, or whose tendency is to get drunk, as if they were children. They are really very like children, with this peculiarity, that they have a strong tendency to become paupers. The man who frequents the public-house generally first injures his own health; then, by spending a large portion of his wages, he injures the health and curtails the nourishment of his wife and children; then he disgraces his country. All these considerations might not constitute an adequate reason for legislatively reducing the number of facilities for the gratification of his selfish weakness. We think they do. But when we add to them the further consideration that the working man who sits long and frequently in a public-house is notoriously on the verge of pauperism, and falls into it the week after his work or his health is suspended, then the number of public-houses is seen at once to be a public question. The system of long drinking in public-houses is virtually maintained at the expense, not of the besotted drunkard, but of ratepayers, who have to keep him when he gets out of work or health. We agree with our contemporary, that beer is terribly drugged; but we do not agree with it in thinking that increased police inspection will seriously control the sins of the unprincipled publicans or of their victims. Drunkenness, it seems to us, is eminently an evil for legislative treatment.

A Martyr.—We cannot undertake to give advice. Our correspondent is unduly distressed about his complaint, and should consult a respectable practitioner, and avoid quacks as he would an unmentionable personage.

R. T. S.—Apply to Dr. Tate, The Coppice, Nottingham.

THE BRITISH MEDICAL BENEVOLENT FUND.

To the Editor of THE LANCET.

SIR,—You were good enough to publish my letter to you, sympathising with your advocacy of the claims of the British Medical Benevolent Fund upon the members of the profession. I have to thank you for this. Will you kindly allow me this further privilege of suggesting that some statement be given of the institution of the Fund, its objects, those eligible for its bounty, and its present state? Something of this kind would be found useful in many ways. In such a shape it could be readily presented to the notice of those whose kindly sympathies and aid are likely to be called forth on its behalf. Moreover, it would refresh the minds of many members of the profession, as well as furnish fresh information to many a one who has, perhaps, never heard of the existence of such a Fund. For my own part, although I cannot plead ignorance of its existence, I feel that from want of information I have not taken sufficient interest in it. This is, perhaps, my own fault. But if every medical man would henceforth conscientiously bear it upon his heart to help, and to get subscriptions amounting to at least one guinea from among his patients every year (and there are many who would get more than that sum), the present weakness of the Fund might eventually prove to be its strength, while it and its dependants would never again come to its present starving condition. Were I able to present a short statement, such as I ask for, to one or two of my patients, telling them what I want, and what I want it for, I am sure I might be able to send in a guinea or two to the treasurer.

Let us then do something, and now make a well-directed and hearty effort, and for our motto let us take that unfortunate old one, "Quot homines, tot sententiæ," making a very free translation of "*sententiæ*" into *guineas*."

Your obedient servant,

London, Jan. 17th, 1870. Z. Y. D.

To the Editor of THE LANCET.

SIR,—The Committte of the British Medical Benevolent Fund would feel much indebted to you if you would kindly insert the following notice in your next issue.—I am, Sir, yours very faithfully,

R. THORNE THORNE,
Honorary Financial Secretary.

42, Seymour-street, Portman-square, Jan. 18th, 1870.

The Treasurer and the Honorary Secretaries of the British Medical Benevolent Fund beg to acknowledge, with thanks, the following additional sums, which have been forwarded to them as the result of the appeal published in the medical journals:—

Donations.

Bell, Dr. James V., Rochester	£1	1	0
Coutts, Miss J. E., 21, Golden-square, Aberdeen	1	1	0
Frank, Dr. Philip, Cannes, France	20	0	0
Gill, Dr. John B., Dover	1	1	0
Mason, Richard D., Esq., Haslar	3	0	0
Miller, A. G., Esq., F.R.C.S.E., Charlotte-square, Edinburgh	1	1	0
Miller, Mrs., per A. G. Miller, Esq., Charlotte-square, Edinburgh	1	1	0
Page, Dr. A. H., Lower Darwen, Lancashire	1	0	0
Pooley, Charles, Esq., Weston-super-Mare	1	0	0
R. S. P.	2	2	0
Royds, Wm. A. S., Esq., Royal Berks Hospital Reading	3	3	0
Thankoffering, A, per Dr. Jas. V. Bell, Rochester	5	0	0

Annual Subscriptions.

Hewitson, Charles C., Esq., St. John's Chapel, Darlington	3	3	0
Keele, Geo. Thos., Esq., St. Paul's-road, Highbury	1	1	0

Further donations or subscriptions will be thankfully received—by Dr. Thorne Thorne, Honorary Financial Secretary (and duly acknowledged), 42, Seymour-street, Portman-square, W.

HOSPITAL APPOINTMENTS.

ONE of the most pressing subjects for inquiry by any Commission that may be appointed to look into the working of our hospitals is the mode of election of members of the staff. At the larger hospitals, both those depending on subscriptions and those supported by endowments, the public have a very direct interest in checking the elections. For the staff of each of these institutions keeps a medical school for its own profit, and the legislation of the present licensing bodies has conferred upon them complete immunity from competition; so that it is almost exclusively to these schools that the public have to look for a supply of well-taught practitioners. But the staff of an hospital is, or ought to be, elected for qualifications that have nothing to do with teaching, and it is only now and then that the same individual excels both in practice and instruction. Under the best system of election there must be great difficulty in providing for such opposite requirements. Without referring to the past, it need only be asked, what result can be expected when the electing body is chiefly composed of persons who are absolutely ignorant on medical questions? A case in point appears to be expected at St. Bartholomew's. The resignation of Dr. Farre, on account of seniority, gives the electors an opportunity of repairing in some degree the loss of Baly, Kirkes, Jeaffreson, and Barrows; yet it is currently reported that the only addition made to the strength of the school and medical staff will be in the person of a young gentleman whose sole professional exploit, so far as we are aware, has been a public testimony to the politeness of the House Committee.

Medicus.—They are granted by the Archbishop of Canterbury. The custom is one that has no foundation in reason, and should be abolished.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—The civil assistant-surgeon of an Indian station was in October, 1868, sent home seriously ill. He left India under the new furlough rules (before the order of Government was written), on the understanding, according to the wording of the said rules, that he should retain his appointment while absent on sick leave, and, as I am informed, he would have done for twenty months under the old rules. It has, however, happened that the Government has this year given away his post to another officer, so that now he remains in Europe on English pay, and without any station to return to, except, as far as I understand, one which he may get on arrival in India, and which will be of the same value as far as the Government pay is concerned, but, in reality, perhaps of only about half or a third of the actual value of the station from which he has been driven. It is known, and on record (for I have seen it), that the illness which drove the civil assistant-surgeon home was contracted at first by zeal and devotion to his duties, under difficult circumstances, during a campaign—that is, on active service (for which he got no reward), and that that illness was again reproduced and increased to nearly a fatal degree by close attendance on cholera patients, and in investigating the causes, origin, and progress of the epidemic, his excellent report of which was published by order of Government. Then immediately afterwards, on the breaking down of his health, the officer was urgently sent home, prostrated and worn out, to be placed on 11*s.* 6*d.* per diem, and to be deprived of his substantive appointment.

Staff Assistant-Surgeon R. Waters was a few days ago promoted to the rank of Staff Surgeon in recognition of his services during the recent epidemic of cholera at the Gambia. Now contrast this treatment with that received at the hands of the Indian Government by the civil assistant-surgeon of Rampore Beauleah, and no one can deny that, with all its drawbacks, the British medical service is a better career for any man than the Indian service, where, with expatriation, increased risk to life, and all the attendant discomforts of a residence in the tropics, &c. &c., there are apparently no rewards for any hard-working, deserving man, but, on the contrary, bad treatment. If a man were incompetent, I should not wonder at his being thus badly treated; but in this case Government can have no such excuse. The medical officer to whom I refer, upon two occasions, received the thanks of the head of the Indian Medical Department for his services—the most competent authority in India to judge of the capabilities and attainments of a medical man.

I remain, Sir, yours, &c.,
A BACHELOR OF ARTS AND A SENIOR
December, 1869. MEDICAL STUDENT.

GRATUITOUS ADVICE IN LIVERPOOL.

A CORRESPONDENT complains of the extent to which this practice is carried in Liverpool. He says there are glaring examples of medical men in high position continuing the practice, or, if they cannot do it personally, getting others to do it for them, while they nominally do it. The question of gratuitous advice is one that will have to be seriously considered by the profession. We are not prepared to say that medical men should not give gratuitous advice; but they should give it under strict conditions that secure its not being abused.

Mr. Spencer Watson's communication on "Proxy Voting-papers" shall, if possible, appear in our next impression.

OXFORD EXAMINATIONS.

To the Editor of THE LANCET.

SIR,—I have been disappointed both in 1868 and 1869 in not finding among your medical news any notice of the results of the First or Second M.B. examinations held at Oxford in December of those years. As I notice that reports from all the other examining bodies, including Cambridge, appear regularly in your columns, I am at a loss to understand the cause of the above-named omission.

I remain, Sir, faithfully yours,
Algiers, Africa, Jan. 8th, 1870. AN OXFORD MEDICAL.

*** We publish the pass-lists forwarded to us, and we can only suppose that the authorities of the University of Oxford fail to give us the information that other Universities afford.

MEDICAL OFFICERS OF INFIRMARIES AND THEIR OUTSIDE BRETHREN, ETC.

A. S.—1. We do not admire the terms of the present rule. There is a closeness about it unworthy of a public institution or a learned profession. The custom now is to have the disease and prescription and diet written on a card, which is suspended on the patient's bed. All the medical men of a town should be welcome to an infirmary, and their coming should rather be encouraged than hindered. The medical officers of an infirmary should consider themselves favoured, and act with liberality towards those who are not in official connexion with the institution. We do not even see the necessity for the enlarged and amended rule proposed. At the same time, of course, outsiders ought to act with perfect courtesy and consideration to the medical officers.—2. The Poor-law Board would not be likely to appoint an avowed homœopathist.

Mr. Wm. H. Johnson.—Our correspondent must qualify before he can have any scientific status as a witness in courts of law, and most properly so.

PROFESSIONAL COURTESY.

To the Editor of THE LANCET.

SIR,—I perceive by your impression of Jan. 8th that Mr. Lawrence has at last been aroused from his *otium cum dignitate*, and, as it appears, not from any desire to explain his conduct, but on account of the editorial comment which you passed on his unprofessional behaviour.

My first impulse upon reading his letter was, I must confess, to treat it with contempt; but upon second thoughts I considered it would perhaps be more satisfactory to you, Sir, to know upon what evidence I acted when I first wrote to Mr. Lawrence, and, failing his reply, sought your opinion; and also because, if the evidence of which I am in possession be at all worthy of credit, his statements cannot be truthful.

In the first place, Mr. Lawrence states that my letter was consigned to his waste-paper basket, and the subject passed from his memory. Now this I most emphatically deny, inasmuch as he took it to his friend, the Chairman of the Board of Guardians, and enlisted him in his favour; for on the following Board-day it was made a ground of complaint against me by the Chairman. Therefore, if he had consigned my letter to oblivion, it would be interesting to know how the Chairman became in possession of the fact that I had written such a letter.

Secondly, he says that to-day for the first time (Jan. 1st) he sees that I have brought the matter before the medical public. That may be so, but it certainly is not my fault; for I distinctly stated in my letter to him that, failing a reply, I should take that course.

Thirdly, Mr. Lawrence positively denies asking any other *medical* question than "Are the medical and surgical cases separately accommodated?" Why, Sir, that is one of the very charges which I bring against him; for if, as he states further on, he asked that question of me, wherein was the necessity of his repeating the question to my head nurse? which she positively affirms that he did, not only once, but in two separate wards, and in the hearing of several of the patients. Now, Sir, I have it on the authority of my head nurse, substantiated by the evidence of two of the patients in the ward, that Mr. Lawrence took the card hanging at the head of one of the patients' beds in his hand, *but without removing it from the nail* upon which it was hanging, and, *after looking at it*, asked "What is the matter with this patient?" If that is not a medical question, I should like to know what is! Again, Mr. Lawrence says, "that within a few minutes of his entering he was introduced to me, and assured me that he was not there in any medical capacity, or wishing to see any of my patients." Well, Sir, I knew that quite well without Mr. Lawrence's assurance; for no person has any *right* in the infirmary of a workhouse in a *medical capacity*, excepting the medical officer and the Poor-law inspectors. I think the very fact of his so assuring me showed that he had some misgivings in respect to the step which he had taken.

Now, Sir, I have little more to say, excepting that, in my opinion, Mr. Lawrence has failed to disprove the charges which I have brought against him, inasmuch as I have five witnesses to the fact that he did ask those questions which I have charged him with asking. My brother, who is a pupil of mine, and who was present during the short interview which took place in the surgery, can say, if it be necessary, that I did not turn on my heel when he wished me "Good morning," but that I bowed to him; and who can also say that almost immediately after Mr. Lawrence was introduced to me, he deliberately turned *his* back upon me, and recommenced a conversation which he had evidently previously been engaged in with the Chairman respecting the high rates in the parish of Fulham, about which I knew nothing.

I think, Sir, it would have been far more gentlemanly and honourable on the part of Mr. Lawrence had he refrained from using the name of Mr. Dagnall (who has always treated me in a most kind and courteous manner since I have had the pleasure of knowing him, and against whom I have not a word to say, but, on the contrary, for whom I entertain a great respect, and who could not, as a layman, have known when he asked Mr. Lawrence to see the infirmary, in which the patients at present are, that it was contrary to professional etiquette); but, on the other hand, Mr. Lawrence, as a medical man, and as a late house-surgeon to a metropolitan hospital, must have known when he accepted the invitation that he was about to commit an act which was contrary to all professional etiquette, and which no man having a grain of self-respect could tolerate.

Apologising for again troubling you, and for the length of this letter, leaving my cause in your hands and those of the medical world,

I remain your obedient servant,
FRED. DRUMMOND SMITH,
Medical Officer to the Wandsworth and Clapham Union Workhouse.
Grosvenor-terrace, Battersea, Jan. 11th, 1870.

PUERPERAL FEVER.

D.—We do not think that any good would arise from the publication of our correspondent's communication. It is erroneous to suppose that the disease is caused by the suppression or absorption of the milk into the blood. In the case alluded to, the systemic infection, in all probability, arose from the absorption of vitiated fluids from the uterus into the blood.

HEALTH OF BIRMINGHAM IN 1869.

MR. T. L. PLANT, of Birmingham, is an acute and indefatigable observer of statistical and meteorological facts, and makes it a practice at the close of each year to review its health characteristics for the benefit of his townsmen and the public at large. He points out that although, of the ten largest English towns, Birmingham, judged by its death-rate, was the most healthy during the year, the excessive mortality of young children every summer from diarrhœa is a matter of which the health authorities of the town should endeavour to ascertain the cause. It is intimated also that the published death-rates give an exaggerated idea of the healthiness of Birmingham, inasmuch as the high mortality prevailing in certain parts of the town is masked by their inclusion with the more salubrious localities. Mr. Plant, therefore, regards the ordinarily quoted death-rate of Birmingham as a "deception," adding that "the sooner the real facts are revealed, and the health ["mortality"?] of Birmingham proper is published, the better for our sanitary guidance." There is, no doubt, much truth in this; but then we apprehend that the same may be said in regard to a majority of the death-rates quoted in comparison with Birmingham.

THE USE OF THE APOTHECARIES' LICENCE.

THE licence is a medical qualification. It used to be the only one recognised by the Poor-law Board, and available for the legal purposes of a general practitioner. Now it is one of many, some of which are very preferable.

Mr. Henry Lamond (Secretary to the Glasgow Royal Infirmary.)—The communication, in reply to Professor Lister's allegations, arrived too late for insertion this week.

J. P., (Euston-road.)—Is the American honorary M.D. derived from New York or Boston, or from some shanty calling itself a "College" in Texas?

THE CHILIAN NAVY.

A CORRESPONDENT, who has applied for the post of Assistant-Surgeon in the Chilian navy, recently advertised in THE LANCET, seeks information as to the reliance to be placed on the Government, the nature of the climate, and, lastly, whether civil practice is to be obtained among the Chilians.

ARECA-NUT FOR TAPEWORM.

To the Editor of THE LANCET.

SIR,—In your journal of October 3rd, 1869, Assistant-Surgeon Collis asks to be informed if areca-nut has been given to the human subject as a remedy for tapeworm. I beg to refer him to "Ranking's Abstract," vol. xxxiv., p. 94, where notes of fifteen cases are given, in which the areca-nut was used successfully. Shortly after reading this (in 1862), I had a case of tapeworm, and resolved to try the effects of the nut. The patient was a healthy young man, a native. The powdered nut was given in the dose of about four or five drachms (having lost a box of books, containing my note-book, in which this case was recorded, I can only write from memory) in milk early in the morning, the patient having taken no food from the previous day at noon. The *entire* worm was expelled in a few hours. A few weeks after this I tried the areca-nut in another case, the dose and mode of administration being the same, but the worm was not expelled. These are the only cases in which I have tried the effect of the areca-nut in tapeworm, as I have not had a case since.

Yours truly,

December, 1869. THOS. CROWDACE, Surgeon, Madras Army.

MEDICAL REFORM.

THE *Daily News* does good service by calling attention to the movement initiated by ourselves for a Central Board of Examiners in Medicine, which shall be appointed by a new Medical Council, be independent of all corporations, and constitute the one portal of admission into the profession. Our contemporary, however, thinks the "horror of heresy might become very oppressive if all medical men had to pass the examination of a single Board." The private views or doctrines of individual examiners would, under our scheme, be thoroughly neutralised by the co-operation of the representatives of the profession. Indeed, it was only under the old system that "heresy" of any kind was possible. Conflicting views in medicine will tend to disappear with the abolition of vested interests in examining boards. The whole system of medical education would be regulated by the Small Council, a rational uniformity in examination secured, and the "thriving trade" in licences done away with for ever.

Our Lincolnshire Correspondent is justly indignant at a County Court Judge's ordering payment by 4*s.* a month in satisfaction of a claim of 10*s.* 6*d.* for medical and surgical services in a case of labour. Practitioners should demand, and (if possible) should exact, the fee as soon as the case is concluded. In order to recover this half-guinea by monthly instalments of 4*s.*, the plaintiff had to spend 30*s.*!

WAGES FOR MEDICAL SERVICES.

AT the last meeting of the Aylesbury Board of Health, a letter was read from Mr. Hoblyn, Surgeon, offering to take the appointment of officer of health at a remuneration of *a guinea per week*. The Board appears to have had some little consideration for the dignity of the post by deciding to appoint Mr. Hoblyn, provided he would accept it for *a year* at £50. The *Bucks Herald* says that, as regards sanitary condition, what has lately been written about Barking is applicable to Aylesbury; from which we conclude that the post of medical officer of health in the latter town must be anything but a sinecure. And that any member of the profession should be willing to hold the appointment on the terms of a weekly wage tenure is, we think, a circumstance to be regretted.

Mr. P. J. Robey (Birmingham) should apply to the Secretary of the Sydenham Society, or make known his wishes to a publisher.

VACCINATION.

THE *Gateshead Observer's* article on Vaccination, in answer to the arrant nonsense of Mr. Gibbs, is very good. It would be well if every paper would follow the *Observer's* example. Our contemporary, in answering the absurd charge that there has been an increase of constitutional and other diseases since the introduction of vaccination, says, reasonably enough, if there were it would not prove that vaccination was to blame; but even this last argument of the destitute anti-vaccinationists has no truth. Any amount of proof to the contrary may be seen in Mr. Simon's Report for 1857.

Dr. Morton's paper on the "Comparative Trial of Carbolic Acid in the Glasgow Royal Infirmary" shall appear in our next number.

THE MEDICAL SCHOOL OF QUEEN'S COLLEGE, GALWAY.

To the Editor of THE LANCET.

SIR,—In your issue of last week you publish a letter from the President of Queen's College, Galway, in which he purports to deny or explain away certain charges which I preferred against certain of the Medical Professors of that institution, which charges were published in THE LANCET of December 18th last. The President proceeds to dispose of both my letter and myself in a very summary manner; but, nevertheless, I cannot allow his remarks to go unchallenged. He states that a few days after I commenced attendance at hospitals in Galway I was excluded from the County Infirmary for alleged rudeness to the attending surgeon. Now I emphatically and distinctly deny the truth of this statement. In the appeal which I sent to the Visitors, and of which I sent you a copy, I stated the whole of my part of the conversation with the surgeon on the occasion referred to, and I defy any man to find any rudeness in what I said. How is it that this charge was never preferred before? and what does the President make of Dr. Browne's letter, of which I sent you a copy, in which that gentleman excludes me from the County Infirmary on the plea that his giving clinical instruction in it is a voluntary act, but without any mention of the charge of rudeness now preferred by Mr. Berwick? The President states that having been refused redress by the Visitors, I availed myself of your columns to give publicity to charges which had never been investigated, and for which I must answer to the Professors whose conduct I have assailed. Assuredly if the authorities of the University had afforded me any fair and honourable way of proving my charges, I should never have had occasion to trouble you or the public on the matter. Most willingly will I answer the Professors referred to when I have a proper opportunity of proving my charges—viz., by a searching public inquiry by men whom everyone could trust, unconnected with the Queen's University, say by Mr. Paget or Dr. Parkes, of Netley. If such an inquiry be instituted either by order of Government or of the Medical Council, the inquiry should embrace the state of the medical school, not only this year, but in previous years; as, of course, I should not have taken up the affair as I did had I not known that this state of matters was of many years' standing, and that other students before me had planned an exposure of this system. An inquiry might also, with great advantage to the College and to the cause of medical education, extend to the other departments of the Medical School in Galway.

Mr. Berwick next proceeds to dispose of your editorial remarks, not by disproving them, but by advertising the system of hospitals and clinics in Queen's College, Galway. Three Professors, doubtless, purport to admit students to their hospitals and clinical instruction in them; but in my case one of them did not do so, and I have reason to know that other students have received like treatment before now. About the Workhouse Hospital I said nothing, nor did I say anything of the Fever Hospital, for I did not go to it, and for reasons which I can give when occasion requires. But, unless I am grossly misinformed, the average of 20 patients given by Mr. Berwick is not quite correct; for assuredly when I attended the clinics of the Professor attending the Fever Hospital, the number of patients he generally mentioned was, I should say, from 3 to 5. I had no means of judging of the number of patients in the County Infirmary, as I was excluded from it; but, from hearsay, I should think Mr. Berwick's estimate of 40 patients also too high. I must, however, say a word as to the Workhouse Hospital. Though there might be a large number of patients on the books, very many of these were useless to the student, being chronic cases of long standing, or cases of debility from old age or want of food or clothing, and I should say that the number of cases shown to the students was 20 to 30 at the outside; but on this the medical officer would be the best judge. But, says Mr. Berwick, in order to render these arrangements more effective (how I do not quite see), a fourth gentleman is added, who lectures on subjects of practical importance, which may be more or less illustrative of cases in the hospital. Whether the subjects of this gentleman's lectures are of practical or any other kind of importance, matters not. These lectures purport to be *bonâ fide* clinical lectures, but are not so. There is a notice on the College-gate that *clinical lectures* will be delivered by this gentleman at such a day, and there is another notice that clinical lectures, of which these lectures form a part, will be delivered twice a week in the usual lecture-room; and, again, the Senate require for qualification at least two clinics each week in an hospital containing 60 beds, and the gentleman's lectures go to form part of the required number of clinics. Mr. Berwick states that all these courses are quite independent of the College. How comes it, then, that on my hospital ticket it is stated that the hospital and clinical institution are in connexion with Queen's College, Galway"? What does that mean? Does Mr. Berwick intend to say that Dr. Doherty issues these tickets without the sanction of the President and Council, and that the clinical Professors sign certificates, which are accepted by the Senate, also without the sanction and authority of the Council? I charged the Council with knowingly allowing an infamous state of things to continue, and this charge has not been denied. I say that it is the duty of the President and Council to exercise supervision and control over everything connected with the College, and I say they have not done so. As a proof of the value of hospital instruction in Galway, Mr. Berwick refers to the success of the Galway students at the University and at the Army and Navy Boards. Now, that some of the students attend hospitals in Galway is, no doubt, true; but very many again go to Dublin, and why should they go if they got proper instruction in Galway?

It may be asked why I have gone to Edinburgh University. For an obvious reason, that I could not get hospital or clinical instruction, or indeed proper instruction on most subjects, in Galway.

I am, Sir, your obedient servant,

Edinburgh University, Jan. 10th, 1870. ANDREW SMITH MELVILLE.

THE PLYMOUTH PROVIDENT DISPENSARY.

THE first meeting of the committee and staff of this dispensary, which was instituted in June, 1869, was held on the 12th instant. Dr. Littleton, the Honorary Secretary, read a report which he seemed to think satisfactory. We cannot form an opinion on the subject, as the data given in it are too vague for this purpose. The total number of applicants during the past seven months has been 426 in 216 applications. Of these 426, 13 applicants have been rejected, 35 lost sight of, and 378 admitted as members, four having paid the sick fine of 7*s.* 6*d.* each on their admission as provided in rule 21. Of the 378 admitted, 26 have been struck off, in consequence of being three months in arrear of payment, and 2 (children) have died, so that there now remain 350 patients on the books. After the payment of all the preliminary charges for advertising, all printing, stationery, and furniture, as well as all the working expenses up to the present time, there was a small balance of cash in hand.

Enquirer.—The holder of the licence in question is not entitled to call himself "Doctor;" at least it has been so ruled authoritatively of late years by the Master of the Rolls. There is no law to prevent him adding M.D. to his name but the law which prevents him adding F.R.S.—viz., the law of morality. The proper title to claim is Licentiate of the particular College in question.

M.R.C.S., L.S.A., M.D.—We substantially agree with our correspondent's opinions; but we cannot spare space for letters on the subject. We can only express our opinions when asked.

A Scotchman.—"Doctor" Evans's publication shall be forwarded to the Registrar of the General Medical Council.

Iota's letter shall have insertion in an early number.

THE PRELIMINARY EXAMINATION AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Can you give me any information as to when the pass-list for the preliminary examination at the Royal College of Surgeons will be published? I have a young friend to whom it is a matter of great moment to know whether he has passed or not. The examination took place in the middle of December, and we are now passed through the larger half of January.

Yours faithfully,

Sidmouth, Jan. 19th, 1870. J. INGLEBY MACKENZIE, M.B. Cantab.

Mr. R. B. Cooke and *Mr. John W. Teale.*—Our correspondents are thanked for directing our attention to the remarks specified; but we do not think it necessary to refute the misstatements of our contemporary.

Dr. Engelmann, (Kreuznach.)—It is contrary to our custom to insert communications of the kind referred to. Meanwhile Dr. Engelmann is thanked for his offer.

Mr. Sheppard.—We have not the data necessary for an answer to the question proposed. The Registrar-General's Returns do not give the information.

Mr. Hy. Maymott.—Mr. Shaen's pamphlet on Lambeth Workhouse is published by Messrs. Williams and Norgate, Henrietta-street, Covent-garden.

QUERIES.

A Young Surgeon and Constant Reader desires information on the following queries from some of our subscribers:—

1. When may we expect the new edition of Watson's Lectures?
2. What dose of morphia given subcutaneously would be equal to one-fourth of a grain by the mouth?
3. In case a dose of opium or morphia be given by the mouth, and seems not to have the desired effect, when may it safely be repeated?
4. If morphia when given subcutaneously have not the effect wished for, when may the injection be repeated?

Mr. John Fairmann.—We regret that want of space prevents our inserting an abstract of the article in the *Westminster Review.* It treats of prostitution mainly from the historical point of view, showing the failure of all systems aiming at its repression; but the writer does not give us any details of his own scheme. Like our correspondent, we have been anxiously expecting him to redeem the promise he gave in the first article that he was prepared to suggest one.

Enquirer.—A Bachelor of Medicine of London has not the right to put "Dr." on his door-plate. Complaint can be made to the offender and to his University, which is properly particular in this matter. But the chief punishment of such offenders must be the absence of the *mens conscia recti.*

Mr. J. Hardwicke, (Rotherham.)—Dr. Shearman should append to his title the name of the foreign University which vouchsafed it. There are M.Ds, and M.Ds.

Anxious, (Birmingham.)—Birmingham is well provided with medical men quite competent to deal with the case mentioned. It is our rule never to recommend an individual practitioner, and to this we can make no exception.

M.D., C.M.—The latter degree is not specified by the Poor-law Board; but it has lately expressed its readiness to accept the similar degree of London, and, we have no doubt, would accept the C.M. of a Scotch University.

A Leamington Practitioner.—We are obliged to our correspondent for the documents forwarded, and will not forget the subject; but, in the present rage for "co-operation," we fear the cry of the defrauded would meet with but small attention.

Mr. D. S. Skinner's (Lyme Regis) paper on the "Induction of Premature Labour," with cases, shall be inserted.

M.B.—No single book contains the exact amount of knowledge required in all the subjects specified. Our correspondent will find the mathematical, physical, and chemical treatises he wants in Macmillan's Catalogues of his own and of the Clarendon Press's publications. The works on Physiology, Botany, and Zoology in Churchill's series will be enough. In Geology and Palæontology, Sir Charles Lyell's and Professor Owen's standard works; in Logic and Moral Philosophy, the Lectures of Sir William Hamilton and his edition of Reid will suffice to send the candidate armed *cap-a-pie* before his examiners.

Physician.—Apply to the Secretary of the Metropolitan Convalescent Institution, 32, Sackville-street, W.

Mr. Thomas Somerville Smith (Sheerness) should propound his difficulty to the Philological Society. We have seen no satisfactory explanation of the term.

L. R., (Royal Infirmary, Liverpool.)—Our correspondent's letter shall be considered and answered next week.

Mr. John W. Roberts.—We think not; but apply to the qualifying Boards themselves.

ERRATUM.—The donor of a cephalotribe at a meeting of the London Obstetrical Society on the 5th instant, was Dr. *George* Kidd, of Dublin, not Dr. Charles Kidd, as stated in our last impression.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Murchison; Dr. Tuke; Mr. Spencer Watson; Dr. Lethoby; Dr. Mapother, Dublin; Mr. Burman; Dr. Hooper, Ripley; Mr. Smith, Sheerness; Dr. Fairbank, Lynton; Dr. Hyde Salter; Mr. Walker; Dr. Palfrey; Dr. Ford, Liverpool; Mr. Mackintosh, Stirling; Mr. Mitchell, Dalton; Mr. Foster; Dr. Pucken, Ulverstone; Mr. Morgan, Llangollen; Dr. Chalmers; Dr. St. Clair, Islay; Mr. E. Garraway, Faversham; Dr. Greatrex, Kidsgrove; Dr. Mackenzie, Sidmouth; Mr. Hardwicke, Rotherham; Mr. Roberts; Mr. MacMahon; Mr. Robinson; Dr. Skinner, Lyme Regis; Mr. Hill; Mr. Reid; Dr. Pearse, Bodmin; Mr. Hemming; Mr. Edwards, Douglas; Mr. Lamond, Glasgow; Dr. Harris, Hitchin; Dr. Sheild, Manchester; Mr. Morris, Leamington; Mr. Cooper; Dr. Porteus, New York; Mr. Green; Mr. Marshall, Frome; Dr. Kidd; Mr. Simms, Down; Mr. Mathews; Mr. Kirby; Mr. J. Gornall, Preston; Mr. Bell; Dr. Mirton, Glasgow; Mr. Clifton; Dr. Rose, Kidderminster; Dr. Sutton, Nottington; Dr. Constable, Leuchars; Mr. F. Smith; Mr. M. Johnson; Mr. Anderson, Broughty Ferry; Mr. Hoadley; Mr. Ashe, Wigan; Mr. Clay; Dr. Englemann, Kreuznach; Dr. Maymott, Ludlow; Dr. Hastings; Dr. Rogers; Dr. R. Martin; Mr. Steans; Dr. Maclachlan, Newcastle; Mr. Teale, Scarborough; Dr. Buck; Dr. Protheroe Smith; Mr. Major; Dr. Turner, Keith; Mr. Benham, Bristol; Dr. Moore, Lancaster; Mr. Cooke, Scarborough; Dr. Newcombe; Dr. Haigh; Mr. White; Mr. M'Keown, Belfast; Mr. Jenkyns; Mr. Robey, Birmingham; Mr. Tait; Dr. Batten, Birtley; Mr. J. Thomson; Mr. Steynes; Dr. Houseman, Newcastle; Mr. O'Reilly, Carragh Camp; Mr. Cornish; Mr. Scott; Mr. Lyne; Dr. Britton, Driffield; Mr. Powles; Dr. Gilland, Brentwood; Mr. Davies, Bangor; Dr. Ashburner, Bowdon; Dr. Clarke, Lynton; Dr. Davies, Birmingham; Mr. Mann, Thorpe; Mr. Johns; Dr. Lyle, Exeter; Medicus; Beta; A Martyr; C. D.; W. R.; J. P.; Paterfamilias; M.B.; Anxious; D.; A Country Physician; X. Y. Z.; An Observer; Iota; Medicus; Enquirer; M.D., C.M.; Phys.; An Amused One; M.A.; A Leamington Practitioner; X. Y. D.; M. A. B.; A Young Surgeon; A. S.; &c. &c.

New York Journal of Psychological Medicine, North British Daily Mail, Dorset County Express, Cumbria Daily Leader, Leamington Advertiser, Brighton Gazette, Downpatrick Recorder, Parochial Critic, Welshman, Photographic Journal, Dundee Advertiser, New York Medical Journal, European Mail, Perthon's Commercial Gazette, Tower Hamlets Express, Preston Guardian, Hertfordshire Standard, Weekly Budget, Lincolnshire Chronicle, and *Western Daily Standard* have been received.

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